

Application for Extension of IFSP Licensing by five more years

NAME _____

COMPANY _____

ADDRESS _____

E-MAIL _____

PHONE _____

INVOICE ADDRESS (if divergent to applicants address)

1. ACTIVITY REPORT (activities in the field of Functional Safety in the past five years)

If necessary, submit a separate document

2. TRAININGS, CONGRESSES, PROFESSIONAL ARTICLES (in the past five years)

If necessary, submit a separate document

I hereby apply for an extension of my IFSP licensing by five more years and agree to the charge of a handling fee in the amount of 390,- Euros. I understand that, in addition to this application, SGS needs a conclusive list of my activities in the area of Functional Safety.

Place Date Signature

PLEASE RETURN THE COMPLETED AND SIGNED FORM VIA FAX +49 89 787475-217 OR VIA E-MAIL FS.TRAINING@SGS.COM

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