

# Application for Extension of AFSP 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 AFSP 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](mailto:FS.TRAINING@SGS.COM)**

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