

Application for extension of the AGFSP license for a further five 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 the extension of my AGFSP license for a further five years and agree to pay a processing fee of EUR 390. I am aware that, in addition to this application, proof must be provided that I have worked predominantly (more than 50%) in Functional Safety in the last three years for the extension to take effect.

City

Date

Signature

PLEASE RETURN THE COMPLETED AND SIGNED FORM VIA E-MAIL FS.TRAINING@SGS.COM.

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