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## Application for extension of the MFSP 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, subi	nit a separate document	
I hereby apply to extend my MFSP license for a further five years and agree to pay a processing fee of 390 euros. 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 five 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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