

After completion of this form, the form must be sent electronically to your SCK CEN contact person and to toegang@sckcen.be. Only electronically completed forms B2 will be accepted.

SCK CEN contact person:

For more information, please
contact SCK CEN Access Control:

tel.:+ 32 14 33 20 13
e-mail: toegang@sckcen.be

sck cen

DOCUMENT B.2
“Identification form: firm”

<u>Name of the firm:</u>			
VAT No:			
Street:	Number:		PO box:
City:	Postal code:		
Country:			
Tel.:	Fax:		
E-mail:	Website:		
Has the firm a security certificate:			
<u>Security officer</u>		Name:	
This person is officially registered as contact person at NVO/ANS in terms of security clearances for your firm and employees.		First name:	
		Language:	
		Tel.:	
		E-mail:	
<u>Collaborator security officer (Secretariat)</u>		Name:	
		First name:	
		Language:	
		Tel.:	
		E-mail:	
Security clearance of the firm:		Level:	
		Validity date:	
Please send a written certification of the security clearance level and expiry date to the security officer of SCK CEN			
<u>Department occupational medicine of the firm:</u>			
Language:			
Street:	Number:		PO box:
City:	Postcode:		
Country:			
Tel.:	E-mail:		
<u>Firm's contact person:</u>			
Name:			
First name:			
Language:			
Tel.:			
E-mail:			