|  |  |
| --- | --- |
| **Ref. No.** |  |
| ***What does this application relate to?*** |
|  |
| **Approval** of a **NEW** Authorised Classifier?  ***OR*** an **authorisation** request to Authenticate Copies?  |
|  |
| Date **approval** requested by: |  | Date **authorisation** requested by: |  |  |
|  |
| ***About the person*** 🡺 ***refer to the Explanatory Notes on the reverse of this form*** |
|  |
| Person’s title: |  | Person’s full name: |  |  |
|  |
| Position Title (within the company): |  |  |
|  |
| Phone Number: |  | Fax Number: |  |  |
|  |
| Email address: |  |  |
|  |
| Contact address: |  |  |
|  |
| Current security clearance level: |  | Date issued: |  | Expiry date: |  |  |
|  |
| Name of vetting agency: |  |  |
|  |

***Suitability of the new person*** 🡺 ***refer to the Explanatory Notes on the reverse of this form***

|  |
| --- |
|  |
| …..as an Authorised Classifier |
| Reason(s) for requesting this person to be an Authorised Classifier: |  |  |
|  |
| List relevant training the person has been given, and **by whom**: |  |  |
| ***OR***…..to authenticate copies |
| Reason(s) for requesting this person be authorised to authenticate copies of records: |  |  |
|  |

|  |  |
| --- | --- |
| ***Applicant’s signature, and permit details*** | ***ASNO use only*** |
|  | *Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**For Director General ASNO* |
| Name : |  |  |
|  |
| Position: |  |  |
|  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |
|  |
| Name of Permit Holder: |  | Permit number: |  |  |
|  |

Explanatory Notes

|  |  |
| --- | --- |
| **Ref No**  | A sequential reference number is required for each form of this type submitted by the Permit Holder (eg 001, 002, 003 etc). Where amendments are made to a previously submitted form, please use the same reference with a sequential revision number (eg 2005-003 Rev 1). |
| **Date approval requested by**  | Access to associated items must not be granted prior to approval. Note that approvals are typically returned within 7 working days after submission of application |
| **Date authorisation requested by**  | Application shall be made at least 5 working days prior to this date. |
| **Person’s full name**  | Must include all names, as they appear on your employment records, or on the previous authorisation approval. |
| **Contact Address**  | The address to which written notices can be sent. |
| **Applicant’s signature**  | This form must be signed by a representative of the Permit Holder (ie, the organisation) who will take responsibility for, and sign documents on behalf of, the organisation. |

|  |  |
| --- | --- |
| **This form replaces the following forms 🡪** | ASO120 (Original version) issued 1 January 2002, and ASO121 (Original version) issued 1 January 2002 |