

\*\*\*After completion of this form, the form must be sent electronically to your SCK CEN contact person and to [toegang@sckcen.be](mailto: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](mailto:toegang@sckcen.be)

**sck cen**

**DOCUMENT B.2**  
**“Identification form: firm”**

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