

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 Entrance Control:

tel.:+ 32 14 33 20 11
tel.:+ 32 14 33 20 14
e-mail: toegang@sckcen.be



DOCUMENT B.2
“Identification form: firm”

Name of the firm:

VAT No:

Street:

City:

Country:

Tel.:

E-mail:

Number:

PO box:

Postal code:

Fax:

Website:

Has the firm a security certificate:

Security officer

This person is officially registered as contact person at NVO/ANS in terms of security clearances for your firm and employees.

Name:

First name:

Language:

Tel.:

E-mail:

Collaborator security officer (Secretariat)

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

Department occupational medicine of the firm:

Language:

Street:

City:

Country:

Tel.:

Number:

PO box:

Postcode:

E-mail:

Firm's contact person:

Name:

First name:

Language:

Tel.:

E-mail: