

Send back to:

Your 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:

Locality:

Country:

Tel.:

E-mail:

Number:

PO box:

Postal code:

Fax:

www:

Has the firm a security certificate:

Security officer

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

Name:

First name:

Language:

Tel.:

E-mail:

Collaborator security officer (Secretariat)

Name:

First name:

Language:

Tel.:

E-mail:

Security certificate of the firm:

Level:

Validity date:

Please send the written certification of the security certificate level and due date to SCK•CEN security officer.

Department occupational medicine of the firm:

Language:

Street:

Locality:

Country:

Tel.:

Number:

PO box:

Postcode:

E-mail:

Firm's contact person:

Name:

First name:

Language:

Tel.:

E-mail: