**REQUEST**

**FOR ENTRY PASSES AND/OR ID BADGES FOR ACCESS TO SECURITY FACILITIES OF ORLEN LIETUVA**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

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**Name of contractor (service provider)**

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**Name of subcontractor** (if pass for the staff of subcontractor is requested)

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| --- | --- |
| **Name of facility** | **Code** |
| Refinery production area | **1** |
| Būtingė Oil Terminal | **2** |
| Biržai Oil Transshipment Station | **3** |
| Joniškis Oil Pump Station | **4** |
| Refinery Administration Building No 1 | **5** |
| Refinery Administration Building No 4 | **6** |
| Refinery Petroleum Product Loading Shop Loading Section No 3 (gas) | **7** |
| Refinery Power Plant Administration Building | **8** |
| Refinery non-production area | **9** |
| Refinery Administration Building No 2 | **11** |
| Refinery Petroleum Product Loading Shop Loading Section No 3 (loading terminal for trucks) | **12** |
| Refinery Central Warehouse | **15** |
| Refinery Petroleum Product Loading Shop Loading Section No 3 (liquefied gas loading terminal) | **16** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **Name** | **Employee of contractor or subcontractor** (specify accordingly) | **Position** |  **Date of birth** | **Period of pass required (from-to)** |  **Codes of facilities** |
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| **Grounds of issue of entry passes:**Ref. number of contract/purchase order concluded with ORLEN Lietuva, contract validity period (from-to): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Ref. number and validity period (from-to) of work release issued by ORLEN Lietuva: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Other (specify detailed, clear, legitimate basis or reason for issue): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

**Authorized representative of contractor (service provider):**

(position, name surname) (signature)

**Authorized representative of subcontractor:**

(position, name surname) (signature)

With his signature authorized representative hereby certifies that all information specified herein is correct, all persons indicated herein do actually work for the company specified herein and have been familiarized with requirements prescribed by ORLEN Lietuva Pass System Regulations and that he is aware of liability for presentation of false information prescribed by legal acts, ORLEN Lietuva Pass System Regulations and concluded contracts.

**Authorized representative of ORLEN Lietuva responsible for the presence and actions of the employees of contractor/subcontractor within the territory of the Company:**

I hereby confirm that indoctrination FOR VISITORS is sufficient to the staff of contractor, service provider or their subcontractors as such staff will not perform and will not manage any works (*if yes, check-mark*) [ ]

I hereby confirm that LDU report has been submitted and data entered into EDAS in accordance with the applicable legislation (*if yes, check-mark*) [ ]

(position, name surname) (signature)

Agreed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (responsible employee of Control and Security Department of Public Company ORLEN Lietuva)