**REQUEST**

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

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

(date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**Name of contractor (service provider)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

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

|  |  |
| --- | --- |
| **Name of facility** | **Code** |
| Production area of Refinery | **1** |
| Būtingė Oil Terminal | **2** |
| Biržai Oil Transhipment Station | **3** |
| Joniškis Oil Transhipment Station | **4** |
| Administration Building No 1 of Refinery | **5** |
| Administration Building No 4 of Refinery | **6** |
| Petroleum Products Loading Shop Loading Section No 3 (Gas) of Refinery | **7** |
| Administration Building of Power Plant of Refinery | **8** |
| Administration Building No 2 of Refinery | **11** |
| Petroleum Products Loading Shop Loading Section No 3 (Truck Product Loading Terminal) of Refinery | **12** |
| Central Warehouse of Refinery | **15** |
| Petroleum Products Loading Shop Loading Section No 3 (LPG Loading Terminal) of Refinery | **16** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **Name** | **Employee of contractor or subcontractor (specify accordingly)** | **Position** | **Date of birth** | **Period of pass required**  **(from/to)** | **Codes of facilities** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Grounds of issue:**  Ref. number and validity (from/to) of contract/PO with ORLEN Lietuva: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Ref. number and validity (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 and surname) (signature)

**Authorized representative of subcontractor:**

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

(position, name and 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 that he is aware of liability for presentation of false information prescribed by legal acts, Pass System Regulations of ORLEN Lietuva 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 VISTITORS 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 notification has been submitted and data has been entered into EDAS e-system if so required by legal acts (*if yes, check-mark*) ☐

(position, name and surname) (signature)

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

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