**REQUEST**

**FOR VEHICLE ENTRY PASSES**

**FOR ACCESS TO SECURITY FACILITIES OF ORLEN LIETUVA**

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

(date)

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**Name of contractor (service provider)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**Name of subcontractor** (if pass for the vehicles of subcontractor is requested)

|  |  |
| --- | --- |
| **Name of facility** | **Code** |
| Production area of Mažeikiai Oil Refinery | **1** |
| Būtingė Oil Terminal | **2** |
| Biržai Oil Transshipment Station | **3** |
| Non-production area | **9** |
| Central Warehouse | **15** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vehicle make and model** | **State reg. number** | **Type (light, freight, bus, special)** |  **Of contractor or subcontractor (specify accordingly)** |  **Period of pass required** |  **Codes of facilities** |
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| **Basis of issue:**Ref. number and date of contract with ORLEN Lietuva: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ref. number, date 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 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:**

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

(position, name and surname) (signature)

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

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