

Unique Operation Reference Number* (*Filing Ref)	
---	--

**PART II OF THE REGULATION OF INVESTIGATORY
POWERS ACT (RIPA) 2000**

**APPLICATION FOR RENEWAL OF A COVERT HUMAN
INTELLIGENCE SOURCE (CHIS) AUTHORISATION**
(Please attach the original authorisation)

Public Authority <i>(including full address)</i>	
--	--

Name of Applicant		Unit/Branch	
Full Address			
Contact Details			
Pseudonym or reference number of source			
Investigation/Operation Name (if applicable)			
Renewal Number			

Details of renewal:

1. Renewal numbers and dates of any previous renewals.	
Renewal Number	Date

Unique Operation Reference Number* (*Filing Ref)	
---	--

2. Detail any significant changes to the information as listed in the original authorisation as it applies at the time of the renewal.

3. Detail why it is necessary to continue with the authorisation, including details of any tasking given to the source.

4. Detail why the use or conduct of the source is still proportionate to what it seeks to achieve.

5. Detail the use made of the source in the period since the grant of authorisation or, as the case may be, latest renewal of the authorisation.

Unique Operation Reference Number* (*Filing Ref)	
---	--

6. List the tasks given to the source during that period and the information obtained from the conduct or use of the source.

--

7. Detail the results of regular reviews of the use of the source.

--

8. Give details of the review of the risk assessment on the security and welfare of using the source.

--

9. Applicant's Details

Name (Print)		Tel No	
Grade/Rank		Date	
Signature			

10. Authorising Officer's Comments. This box must be completed.

--

Unique Operation Reference Number* (*Filing Ref)	
---	--

--

11. Authorising Officer's Statement. THE AUTHORISATION SHOULD IDENTIFY THE PSEUDONYM OR REFERENCE NUMBER OF THE SOURCE NOT THE TRUE IDENTITY.

I hereby authorise the renewal of the use of the source as detailed above. The renewal of this authorisation will last for 12 months unless further renewed in writing. This authorisation will be reviewed frequently to assess the need for the authorisation to continue.

Name (Print)	Grade / Rank
Signature		Date
Renewal From:	Time:	Date:
		End date/time of the authorisation

NB. Renewal takes effect at the time/date of the original authorisation would have ceased but for the renewal

Date of first review:	
Date of subsequent reviews of this authorisation:	