

<b>Unique Reference Number</b>	
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## PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT 2000

### APPLICATION FOR RENEWAL OF A DIRECTED SURVEILLANCE AUTHORISATION

<b>Public Authority</b> <i>(including full address)</i>	
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<b>Name of Applicant</b>		<b>Unit/Branch /Division</b>	
<b>Full Address</b>			
<b>Contact Details</b>			
<b>Investigation/Operation Name (if applicable)</b>			
<b>Renewal Number</b>			

#### Details of renewal:

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

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**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 the reasons why it is necessary to continue with the directed surveillance.**

**4. Detail why the directed surveillance is still proportionate to what it seeks to achieve.**

**5. Indicate the content and value to the investigation or operation of the information so far obtained by the directed surveillance.**

**6. Give details of the results of the regular reviews of the investigation or operation.**

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<b>7. Applicant's Details</b>			
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<b>Name (Print)</b>		<b>Tel No</b>	
<b>Grade/Rank</b>		<b>Date</b>	
<b>Signature</b>			

<b>8. Authorising Officer's Comments. <u>This box must be completed.</u></b>
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<b>9. Authorising Officer's Statement.</b>
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I, [insert name], hereby authorise the renewal of the directed surveillance operation as detailed above. The renewal of this authorisation will last for 3 months unless renewed in writing.

This authorisation will be reviewed frequently to assess the need for the authorisation to continue.

<b>Name (Print)</b>	<b>Grade / Rank</b>
.....	
<b>Signature</b>	<b>Date</b>
<b>Renewal From:</b>	<b>Time: Date:</b>

<b>Date of first review.</b>	
<b>Date of subsequent reviews of this authorisation.</b>	