

INFRASTRUCTURE PROTECTION ACT 2017

APPLICATION FOR APPROVAL OF SECURITY PLAN/ AMENDMENT OF APPROVED SECURITY PLAN					
Commissioner of Infrastructure Protection Centre for Protective Security	INSTRUCTIONS: (1) This application shall be submitted by the Responsible Person of a Special Development or a Special				
Email: SPF_CPS_SBD@spf.gov.sg Website: https://www.police.gov.sg/about-us/organisational- structure/staff-departments/centre-for-protective-security	Infrastructure, as interpreted in Section 32 of the Act. (2) Please indicate as "N/A" if an item is not applicable. (3) Please tick (√) in the appropriate boxes. (4) * Please delete accordingly.				
SECTION A - APPLICATION [To be completed by Responsible Person]					
I hereby apply for Approval of Security Plan/ Amendment of Approved Security Plan* for: -					
Name of Special Development/ Special Infrastructure*:					
Description of building works:					
Address:					
Mukim/TS lot:					
Existing Approved Security Plan	Approval date of existing Approved Security Plan				
Yes No No	(DD/MM/YYYY):				
Classification of Premises	Reports submitted				
CI Category 1 2 3	TVRA SRS				
HPD Tier 1 2A 2B	BEA SPP				
as the Competent Person (Security) and	as the Competent Person (Security) and (if applicable) Er/Mr/Mrs/Ms*				
Unique Entity Number (if a company), Name, Designation and Address of Responsible Person Signature of Responsible Person					
Tel No.: Email address:	Date:				
SECTION B - DECLARATION [To be completed by Compete	nt Person (Security)]				
 I confirm that I have been engaged by the Responsible Person as the Competent Person (Security) in respect of the Security Plan for TVRA and SPP herein prepared. I hereby certify that the Security Plan for TVRA and SPP submitted with this application are in accordance with the Act. I hereby declare that the particulars required for this application and as stated in this form are correct. 					
Address of Competent Person (Security)	Name and Signature of Competent Person (Security)				

CONFIDENTIAL ONLY WHEN FILLED

Tel No.:		Email address:		Date:	
SECTION C - DECLARATION [To be completed by Competent Person (Blast), if applicable]					
 I confirm that I have been engaged by the Responsible Person as the Competent Person (Blast) in respect of the Security Plan for BEA and SRS herein prepared. I hereby certify that the Security Plan for BEA and SRS submitted with this application are in accordance with the Act. I hereby declare that the particulars required for this application and as stated in this form are correct. 					
Address of Competent Person (Blast)			Name and Signature of Competent Person (Blast)		
Tel N	lo.:	Email address:		Date:	

