



INFRASTRUCTURE PROTECTION ACT 2017

APPLICATION FOR APPROVAL OF SECURITY PLAN/ AMENDMENT OF APPROVED SECURITY PLAN

Commissioner of Infrastructure Protection
Centre for Protective Security

Email: SPF_CPS_SBD@spf.gov.sg
Website: <https://www.police.gov.sg/about-us/organisational-structure/specialist-staff-departments/centre-for-protective-security>

INSTRUCTIONS:

- (1) This application shall be submitted by the Responsible Person of a Special Development or a Special Infrastructure.
- (2) Please indicate "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]

(1) I hereby seek approval of the 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

Yes No

Approval date of existing Approved Security Plan

(DD/MM/YYYY): _____

Classification of Premises

CI Category 1 2

HPD Tier 1 2A 2B

Reports submitted

TVRA SRS

BEA SPP

(2) In accordance with section 33(1) of the Act, I have engaged Er/Mr/Mrs/Ms* _____ as the Competent Person (Security) and (if applicable) Er/Mr/Mrs/Ms* _____ as the Competent Person (Blast) who has/have* been approved to prepare the submitted Security Plan.

Unique Entity Number (if a company), Name, Designation and Address of Responsible Person

Signature of Responsible Person

Tel No.:

Email address:

Date:

CONFIDENTIAL



SECTION B - DECLARATION [To be completed by Competent Person (Security)]

- (1) I confirm that I have been engaged by the Responsible Person as the Competent Person (Security) in respect of the TVRA report and SPP submitted.
- (2) I hereby affirm that the TVRA report and SPP submitted for approval in this application are prepared in accordance with the "Guide for Responsible Person" (version updated as of the date of this declaration) issued by the Centre for Protective Security, to the best of my abilities.

Address of Competent Person (Security)

Name and Signature of Competent Person (Security)

Tel No.:

Email address:

Date:

SECTION C - DECLARATION [To be completed by Competent Person (Blast)]

- (1) I confirm that I have been engaged by the Responsible Person as the Competent Person (Blast) in respect of the BEA and SRS reports submitted.
- (2) I hereby affirm that the BEA and SRS reports submitted for approval in this application are prepared in accordance with the "Guide for Responsible Person" (version updated as of the date of this declaration) issued by the Centre for Protective Security, to the best of my abilities.

Address of Competent Person (Blast)

Name and Signature of Competent Person (Blast)

Tel No.:

Email address:

Date:

CONFIDENTIAL

