

Unique Reference Number	
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Part II of the Regulation of Investigatory Powers Act 2000
Renewal of a Directed Surveillance Authorisation

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

Details of renewal:

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

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

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

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

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

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

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7. Applicant's Details

Name (Print)		Tel No	
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Grade/Rank		Date	
Signature			

8. Authorising Officer's Comments. <u>This box must be completed.</u>

9. Authorising Officer's Statement.				
<p>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.</p> <p>This authorisation will be reviewed frequently to assess the need for the authorisation to continue.</p>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Name (Print)</td> <td style="width: 50%;">Grade / Rank</td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> </table>	Name (Print)	Grade / Rank	Signature	Date
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Renewal From:	Time:	Date:		

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