

Application for Employee Pass

Version 05/2020 EF

New application
 Transcription/Amendment
 Extension
 Personnel No. _____
(if known)

Your employer has hired us to perform services in CHEMPARK. The information below is required from you for this purpose. These serve to create the system for employee master data and in particular ensure the correct billing and allocation to companies making the application. Please find detailed information from our privacy policy, which is available to you at the Credentials Office and also at www.chempark.de/de/downloads.

Company/employee data

Applying CHEMPARK company			
Surname, first name			
Date of birth		Prefix/Title, where applicable	
Date of entry		In case of temporary employment up to:	

Access to CHEMPARK is not necessary (e.g. in case of deployment to external locations)

Office of the CHEMPARK company responsible for personnel

I/we, as the office responsible for personnel at the aforementioned company, confirm the accuracy of the statements made above.

Date	Name, telephone	Signature

Pass received:

Date	Name/signature

Credentials Office LEV: werkschutz.ausweisbuero.lev@currenta.de
 Credentials Office DOR: werkschutz.ausweisbuero.dor@currenta.de
 Credentials Office UER: werkschutz.ausweisbuero.uer@currenta.de