

Operation Reference Number* (* Filing Ref)	
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## **REGULATION OF INVESTIGATORY POWERS (SCOTLAND) ACT 2000**

## APPLICATION FOR RENEWAL OF A COVERT HUMAN INTELLIGENCE SOURCE (CHIS) AUTHORISATION

COVERT HUMAN INTELLIGENCE SOURCE (CHIS) AUTHORISATION				
Public Authority	The Moray Council Council Offices			
(including full address)	High Street Elgin IV30 1BX			
	1100 157			
Name of Applicant		Service/Unit		
Full Address				
Contact Details				
Pseudonym or reference number of source				
Investigation/Operation Name (if applicable)				
Expiry date of authorisation or last renewal				
Renewal Number				
Details of previous renewals:				
1. Renewal numbers and o	dates of any previous renew	vals		
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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<sup>\*</sup> Every application, together with its subsequent forms must carry a unique Reference Number: this facilitates monitoring in the central record by the monitoring officer.



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3.	Detail why it is necessary to continue with the authorisation, including details of any tasking given to the source.
4.	Detail why the use or conduct of the source is still proportionate to what it seeks to achieve.
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5.	Detail the use made of the source in the period since the grant of authorisation or, as the case may be, latest renewal of the authorisation.
6.	List the tasks given to the source during that period and the information obtained from the conduct or
	use of the source.
7.	Detail the results of regular reviews of the use of the source.
8.	Give details of the review of the risk assessment on the security and welfare of using the source.
9.	Give an estimate of the length of time the authorisation will continue to be necessary.



first review).

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10. Applicant's Details				
Name (Print)		Tel No		
Grade		Date		
Signature				
11. Authorising Officer's	Statement			
N.B. THE AUTHORISING OFFICER MUST COMMENT ON THE NECESSITY AND PROPORTIONALITY OF THE REQUEST TO DEMONSTRATE IT IS NOT A RUBBER STAMP PROCEDURE. THIS BOX MUST NEVER BE LEFT BLANK. THE AUTHORISING OFFICER SHOULD REFER ALSO TO SECTIONS 5, 6 & 10 OF THE ORIGINAL APPLICATION				
12. Authorisation.				
The authorisation shou	ld identify the pseudonym or re	eference number of the source	e not the true identity	
I, [insert name] , hereby authorise the renewal of the use/conduct of the CHIS [insert pseudonym or reference number] as detailed above. The renewal of this authorisation will last for 12 months unless renewed in writing.				
This authorisation will be reviewed frequently to assess the need for the authorisation to continue.				
Name (print)		Tel No:		
Grade		Date		
Signature				
Renewal From Time	e: Da	ate:		
NB: Renewal takes effect at the time/date of the original authorisation would have ceased but for the renewal.				
Date of first review				
Date of subsequent reviews this authorisation (if any ha	ave			