

APPENDIX 2

AUTHORISATION FORMS

TRACKER FORM

PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT (RIPA) 2000

APPLICATION FOR AUTHORISATION OF THE CONDUCT OR USE OF A COVERT HUMAN INTELLIGENCE SOURCE

Public Authority <i>(including full address)</i>			
Name of Applicant		Unit/Branch /Division	
Full Address			
Contact Details			
Investigation/Operation Name (if applicable)			
DETAILS OF APPLICATION			
1. Give rank or position of authorising officer in accordance with the Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) Order 2003; No. 3171.¹			

¹ For local authorities: The exact position of the authorising officer should be given. For example, Head of Trading Standards.

Form 9

2. Describe the purpose of the specific operation or investigation.
3. Describe in detail the purpose for which the source will be tasked or deployed.
4. Describe in detail what the source will be tasked to do or how the source will be deployed.
5. Identify on which grounds the conduct or the use of a source is <u>necessary</u> under Section 29(3) of RIPA. Delete those that are inapplicable. Ensure that you know which of these grounds you are entitled to rely on.(SI 2003 No.3171)
<ul style="list-style-type: none">• In the interests of national security;• For the purpose of preventing or detecting crime or of preventing disorder;• In the interests of the economic well-being of the United Kingdom;• In the interests of public safety;• for the purpose of protecting public health;• for the purpose of assessing or collecting any tax, duty, levy or other imposition, contribution or charge payable to a government department;

6. Explain why this conduct or use of a source is necessary on the grounds you have identified [Code paragraph 2.4]

7. Supply details of any potential collateral intrusion and why the intrusion is unavoidable. [Bear in mind Code paragraphs 2.6 to 2.10.]

Describe precautions you will take to minimise collateral intrusion

8. Explain why this conduct or use of a source is proportionate to what it seeks to achieve. How intrusive might it be on the subject(s) of surveillance or on others? And why is this intrusion outweighed by the need for a source in operational terms or can the evidence be obtained by any other means? [Code paragraph 2.5]

9. Confidential information. [Code paragraphs 3.1 to 3.12]

INDICATE THE LIKELIHOOD OF ACQUIRING ANY CONFIDENTIAL INFORMATION:

Form 9

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10. Applicant's Details.

Name (print)		Grade/Rank/Position	
Signature		Tel No:	
Date			

11. Authorising Officer's Statement. [Spell out the "5 Ws" – Who; What; Where; When; Why and HOW– in this and the following box.]

I hereby authorise the conduct or the use of a covert human intelligence source defined as follows: *[Why is the conduct or use of the source necessary, with Whom will the source establish or maintain a relationship for a covert purpose or to covertly use the relationship, What conduct is being authorised, Where and When will the source undertake the conduct authorised, How will the source undertake the conduct authorised?]*

This authorisation will cease to have effect at the end of a period of 12 months unless renewed. The authorisation will be reviewed frequently to assess the need for the authorisation to continue.

12. Explain why you believe the conduct or use of the source is necessary. [Code paragraph 2.4]
Explain why you believe the conduct or use of the source to be proportionate to what is sought to be achieved by carrying it out. [Code paragraph 2.5]

Form 9

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13. (Confidential Information Authorisation.) Supply detail demonstrating compliance with Code paragraphs 3.1 to 3.12

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14. Date of first review:	
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15. Programme for subsequent reviews of this authorisation: [Code paragraphs 4.19 and 4.20]. Only complete this box if review dates after first review are known. If not or inappropriate to set additional review dates then leave blank.

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Form 9

16. Authorising Officer's Details			
Name (Print)		Grade/Rank/Position	
Signature		Date	

17. Urgent Authorisation [Code paragraphs 4.17 and 4.18]: Authorising officer: explain why you considered the case so urgent that an oral instead of a written authorisation was given.

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18. If you are only entitled to act in urgent cases: explain why it was not reasonably practicable for the application to be considered by a fully qualified authorising officer

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19. Authorising Officer of urgent authorisation

Name (Print)		Grade/Rank/Position	
Signature		Date and Time	
Urgent authorisation Expiry date:		Expiry time:	

Remember the 72 hour rule for urgent authorities – check Code of Practice [Code Paragraph 4.18]. e.g. authorisation granted at 5pm on June 1st expires 4.59pm on 4th June

PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT (RIPA) 2000

REVIEW OF A COVERT HUMAN INTELLIGENCE SOURCE (CHIS) AUTHORISATION

Public Authority <i>(including full address)</i>	
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Applicant		Unit/Branch /Division	
Full Address			
Contact Details			
Operation Name		Operation Number* <small>*Filing Ref</small>	
Date of authorisation or last renewal		Expiry date of authorisation or last renewal	
		Review Number	

Details of review:

1. Review number and dates of any previous reviews.	
Review Number	Date

2. Summary of the investigation/operation to date, including what information has been obtained and the value of the information so far obtained.
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Form 9

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3. Detail the reasons why it is necessary to continue with using a Covert Human Intelligence Source.

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4. Explain how the proposed activity is still proportionate to what it seeks to achieve.

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5. Detail any incidents of collateral intrusion and the likelihood of any further incidents of collateral intrusions occurring.

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6. Give details of any confidential information acquired or accessed and the likelihood of acquiring confidential information.

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7. Give details of the review of the risk assessment on the security and welfare of using the source.

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Form 9

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8. Applicant's Details

Name (Print)		Tel No	
Grade/Rank		Date	
Signature			

9. Review Officer's Comments, including whether or not the use or conduct of the source should continue?

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10. Authorising Officer's Statement.

I, [insert name], hereby agree that the use or conduct of the source as detailed above [should/should not] continue [until its next review/renewal][it should be cancelled immediately].

Name (Print)	Grade / Rank
Signature	Date

Date of next review:	
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PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT (RIPA) 2000

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

(please attach the original 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:

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

Form 9

12. Detail any significant changes to the information in the previous authorisation

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13. 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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14. Detail why it is necessary to continue with the authorisation, including details of any tasking given to the source.

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15. Detail why the use or conduct of the source is still proportionate to what it seeks to achieve.

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16. 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.

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17. List the tasks given to the source during that period and the information obtained from the conduct or use of the source.

Form 9

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18. Detail the results of regular reviews of the use of the source.

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19. Give details of the review of the risk assessment on the security and welfare of using the source.

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20. Applicant's Details

Name (Print)		Tel No	
Grade/Rank		Date	
Signature			

21. Authorising Officer's Comments. This box must be completed.

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22. Authorising Officer's Statement.

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Form 9

I, [insert name], hereby authorise the renewal of the conduct/use of the source as detailed above. The renewal of this authorisation will last for 12 months unless further renewed in writing.

This authorisation will be reviewed frequently to assess the need for the authorisation to continue.

Name (Print) **Grade / Rank**

Signature **Date**

Renewal From: **Time:** **Date:**

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

PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT (RIPA) 2000

CANCELLATION OF AN AUTHORISATION FOR THE USE OR CONDUCT OF A COVERT HUMAN INTELLIGENCE SOURCE

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)			

Details of cancellation:

1. Explain the reason(s) for the cancellation of the authorisation:

Form 9

2. Explain the value of the source in the operation:

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3. Authorising officer's statement.

I, [insert name], hereby authorise the cancellation of the use or conduct of the source as detailed above.

Name (Print)	Grade
Signature	Date

4. Time and Date of when the authorising officer instructed the use of the source to cease.

Date:		Time:	
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5. Authorisation cancelled

Date:

Time:

PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT (RIPA) 2000

APPLICATION FOR AUTHORISATION TO CARRY OUT DIRECTED SURVEILLANCE

Public Authority <i>(including full address)</i>			
Name of Applicant		Unit/Branch /Division	
Full Address			
Contact Details			
Investigation/Operation Name (if applicable)			
Investigating Officer (if a person other than the applicant)			
DETAILS OF APPLICATION			
20. Give rank or position of authorising officer in accordance with the Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) Order 2003; No. 3171.²			

² For local authorities: The exact position of the authorising officer should be given. For example, Head of Trading Standards.

Form 9

21. Describe the purpose of the specific operation or investigation.
22. Describe in detail the surveillance operation to be authorised and expected duration, including any premises, vehicles or equipment (e.g. camera, binoculars, recorder) that may be used.
23. The identities, where known, of those to be subject of the directed surveillance.
<ul style="list-style-type: none">• Name:• Address:• DOB: • Other information as appropriate:
24. Explain the information that it is desired to obtain as a result of the directed surveillance.

Form 9

25. Identify on which grounds the directed surveillance is necessary under Section 28(3) of RIPA. Delete those that are inapplicable. Ensure that you know which of these grounds you are entitled to rely on.(SI 2003 No.3171)

- In the interests of national security;
- For the purpose of preventing or detecting crime or of preventing disorder;
- In the interests of the economic well-being of the United Kingdom;
- In the interests of public safety;
- for the purpose of protecting public health;
- for the purpose of assessing or collecting any tax, duty, levy or other imposition, contribution or charge payable to a government department;

26. Explain why this directed surveillance is necessary on the grounds you have identified [Code paragraph 2.4]

27. Supply details of any potential collateral intrusion and why the intrusion is unavoidable. [Bear in mind Code paragraphs 2.6 to 2.10.]

Describe precautions you will take to minimise collateral intrusion

28. Explain why this directed surveillance is proportionate to what it seeks to achieve. How intrusive might it be on the subject of surveillance or on others? And why is this intrusion outweighed by the need for surveillance in operational terms or can the evidence be obtained by any other means? [Code paragraph 2.5]

Form 9

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29. Confidential information. [Code paragraphs 3.1 to 3.12]
INDICATE THE LIKELIHOOD OF ACQUIRING ANY CONFIDENTIAL INFORMATION:

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30. Applicant's Details.

Name (print)		Tel No:	
Grade/Rank		Date	
Signature			

Form 9

31. Authorising Officer's Statement. [Spell out the “5 Ws” – Who; What; Where; When; Why and HOW– in this and the following box.]

I hereby authorise directed surveillance defined as follows: [*Why is the surveillance necessary, whom is the surveillance directed against, Where and When will it take place, What surveillance activity/equipment is sanctioned, How is it to be achieved?*]

32. Explain why you believe the directed surveillance is necessary. [Code paragraph 2.4]

Explain why you believe the directed surveillance to be proportionate to what is sought to be achieved by carrying it out. [Code paragraph 2.5]

33. (Confidential Information Authorisation.) Supply detail demonstrating compliance with Code paragraphs 3.1 to 3.12

Form 9

Date of first review			
Programme for subsequent reviews of this authorisation: [Code paragraph 4.22]. Only complete this box if review dates after first review are known. If not or inappropriate to set additional review dates then leave blank.			
Name (Print)		Grade / Rank	
Signature		Date and time	
Expiry date and time [e.g.: authorisation granted on 1 April 2005 - expires on 30 June 2005, 23.59]			

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Form 9

34. Urgent Authorisation [Code paragraphs 4.17 and 4.18]: Authorising officer: explain why you considered the case so urgent that an oral instead of a written authorisation was given.

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35. If you are only entitled to act in urgent cases: explain why it was not reasonably practicable for the application to be considered by a fully qualified authorising officer

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Name (Print)		Grade/ Rank		
Signature		Date and Time		
Urgent authorisation Expiry date:		Expiry time:		
<i>Remember the 72 hour rule for urgent authorities – check Code of Practice.</i>	e.g. authorisation granted at 5pm on June 1 st expires 4.59pm on 4 th June			

PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT (RIPA) 2000

REVIEW OF A DIRECTED SURVEILLANCE AUTHORISATION

Public Authority <i>(including full address)</i>	
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Applicant		Unit/Branch /Division	
Full Address			
Contact Details			
Operation Name		Operation Number* <small>*Filing Ref</small>	
Date of authorisation or last renewal		Expiry date of authorisation or last renewal	
		Review Number	

Details of review:

23. Review number and dates of any previous reviews.	
Review Number	Date

24. Summary of the investigation/operation to date, including what private information has been obtained and the value of the information so far obtained.

Form 9

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

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26. Explain how the proposed activity is still proportionate to what it seeks to achieve.

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27. Detail any incidents of collateral intrusion and the likelihood of any further incidents of collateral intrusions occurring.

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28. Give details of any confidential information acquired or accessed and the likelihood of acquiring confidential information.

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29. Applicant's Details

Name (Print)		Tel No	
Grade/Rank		Date	

Form 9

Signature	
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30. Review Officer's Comments, including whether or not the directed surveillance should continue.

31. Authorising Officer's Statement.
I, [insert name], hereby agree that the directed surveillance investigation/operation as detailed above [should/should not] continue [until its next review/renewal][it should be cancelled immediately].
Name (Print) Grade / Rank
Signature Date

32. Date of next review.	
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PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT (RIPA) 2000

APPLICATION FOR RENEWAL OF A DIRECTED SURVEILLANCE AUTHORISATION (Please attach the original 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:

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

Form 9

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

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

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

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

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39. Applicant's Details

Form 9

Name (Print)		Tel No	
Grade/Rank		Date	
Signature			

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

41. 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 border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Name (Print)</td> <td style="width: 50%;">Grade / Rank</td> </tr> <tr> <td>.....</td> <td></td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> </table>	Name (Print)	Grade / Rank		Signature	Date
Name (Print)	Grade / Rank					
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Signature	Date					
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Renewal From:	Time:	Date:				

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

PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT (RIPA) 2000

CANCELLATION 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)			

Details of cancellation:

6. Explain the reason(s) for the cancellation of the authorisation:

Form 9

7. Explain the value of surveillance in the operation:

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8. Authorising officer's statement.

I, [insert name], hereby authorise the cancellation of the directed surveillance investigation/operation as detailed above.

Name (Print)	Grade
Signature	Date

9. Time and Date of when the authorising officer instructed the surveillance to cease.

Date:		Time:	
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10. Authorisation cancelled.

Date:

Time:

TRACKER FOR REMOVAL OF RIPA FORMS

NB One form must be completed for each RIPA form removed.

Operation Reference No:	
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Details of Removed Form (delete as appropriate):		
Application Review Renewal Cancellation	of	Directed Surveillance CHIS

Dated:	
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Authorising Officer:	
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Officer removing form:	
Location where form is to be kept:	

Date of anticipated return:	
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Signed:		Name:	
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Date:	
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