

Unique Reference Number:

# Regulation of Investigatory Powers (Scotland) Act 2000 (RIP(S) Act)

## Application for Authorisation of the Use or Conduct of a Covert Human Intelligence Source (CHIS)

Public Authority: (including full address).	
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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 (Prescription of Officers, etc. and Specification of Public authorities) (Scotland) order 2010, SSI 2010/350 which came into force on 29 November 2010.

2. Identify which grounds the action is necessary under section 7(3) of RIP(S) Act: delete as inapplicable.

- For the purpose of preventing or detecting crime or of preventing disorder.
- In the interests of public safety.
- For the purpose of protecting public health.

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3. Explain why the use or conduct of a covert human intelligence source (CHIS) is necessary in this particular case.

4. Explain why the authorised conduct or use of a source is proportionate to what it seeks to achieve.

5. Details of the purpose for which the source will be tasked or deployed.

6. Where a specific investigation or operation is involved, details of that investigation or operation.

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7. Nature of what the source will be tasked to do.

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8. Details of the risk assessment on the security and welfare of using the source.

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9. Collateral Intrusion.

**Indicate any potential for Collateral Intrusion on other persons than those targeted: include a plan to minimise collateral intrusion.**

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10. Confidential Information.

**Indicate the likelihood of acquiring any confidential information.**

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11. Anticipated Start:	Date.
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12. Applicant's Details			
Name (print):		Telephone Number:	
Grade/Rank:		Date:	
Signature:			

13. Authorising Officer's Comments. <b>This box must be completed.</b>

14. Authorising Officer's Statement			
I, [insert name], hereby authorise the conduct or use of a covert human intelligence source as detailed above. This written authorisation will cease to have effect at the end of a period of 12 months unless renewed (see separate form for renewals).			
This authorisation will be reviewed frequently to assess the need for the authorisation to continue.			
Name (Print):		Grade / Rank:	
Signature:		Date:	

15. Date of first review:	
16. Date of subsequent reviews of this authorisation:	

17. Confidential Information Authorisation.			
Name (Print):		Grade / Rank:	
Signature:		Date:	
From (time):		Date:	

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18. Urgent Authorisation: Details of why application is urgent.

Name (Print):		Grade / Rank:	
Signature:		Date / Time:	

19. Authorising officer's statement. (This must include why the authorising officer or the person entitled to act in their absence considered the case urgent).

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20. Please give the reasons why the person entitled to act in urgent cases considered that it was not reasonably practicable for the authorisation to be considered by a person otherwise entitled to act.

Name (Print):		Grade / Rank:	
Signature:		Date / Time:	