

APPLICATION FOR EXTERNAL COMPANY IDs/ EXTENSION

External company
(general contractor)

Subcontractor
(in this case, fill out the left address field as well)

Creditor no.:

Company:

Company:

Address:

Address:

City:

City:

Phone no.:

Phone no.:

E-mail:

E-mail:

External company IDs that permit entry to the Hamburg plant of Aurubis AG are only issued for applicants who have successfully taken part in the General Safety Instruction. The previous safety instruction for external companies has been replaced by electronic safety instruction. You can access the electronic safety instruction at

<https://safety-instruction.aurubis.com> with any web-enabled device.

The electronic safety instruction can also be carried out at the terminals in the North ID Office (*Ausweisstelle Nord*, Hovestrass 44, 20539 Hamburg) and at the entrance of Plant East (*Werk Ost*, Muggenburger Hauptdeich 2, 20539 Hamburg). The instruction on wearing respiratory protection and personal fall protection takes place on 3 workdays (Monday, Wednesday, and Friday) at 10:00 a.m. in the seminar room of building 2313A, Automotive Workshop (*Kfz Werkstatt*), 2. floor. After the electronic safety instruction, the applicant has to apply to receive the external company ID/extension at the ID Office (*Ausweisstelle*, Hovestrass 44).

The ID Office is open workdays (Monday to Friday) from 8:00 a.m. to 2:00 p.m. Phone: +49 (0)40-7883 4221.

The signed application must be submitted in print/legibly and completely filled out by the external company officer (in the case of framework contract partners) or a project manager (Aurubis AG) for the issue of IDs.

For identification purposes, the applicant must present a photo ID recognized in the EU or a passport. The applicant is obligated to promptly return the external company ID to the ID Office after the work has ended. If you do not fulfill this obligation, you will be charged an administrative fee of € 50 per external company ID. The invoice amount may be offset against receivables.

Last name	First name	Date of birth	Planned work assignment (date)		Date of safety instruction
			from	to	

In the case of additional applications, please include a separate page

Instruction for respiratory protection/fall protection required*) yes no
*) to be entered by the Aurubis coordinator

Mark of approval

External company officer (in the case of a framework contract) or Aurubis project manager		ID Office
Date	Signature + name in print	Signature + name in print
Cost center:		

