**Establishment Persons Designate List**

**Licence number:**

Please provide the following information for new **Persons Designate or Named Individuals:**

* Title:
* Full name:
* Job title:
* Department:
* Main site / satellite postcode:
* Telephone number:
* Email address:
* Title:
* Full name:
* Job title:
* Department:
* Main site / satellite postcode:
* Telephone number:
* Email address:
* Title:
* Full name:
* Job title:
* Department:
* Main site / satellite postcode:
* Telephone number:
* Email address:

The Designated Individual / Licence Holder will need to submit this request to [licensing@hta.gov.uk](mailto:licensing@hta.gov.uk). Please also confirm the names of any PDs / NIs that need to be removed from your licensing record.

Once approved, should any PDs / NIs need access to the HTA Portal (e.g. to submit adverse incidents, events or reactions; compliance and annual activity data), they will need to register for access via the [HTA portal registration page](https://portal.hta.gov.uk/user/register).