

Application Form for Viewing, Copying, and Duplicating of Archives, Energy Administration, MOEA

(Read the notice on the back side before completing the form)

File No:

| Name | Gender | Date of Birth | ID No. | Address and Phone No. | |
|---|--|---------------------------|---|--|---------------------------------|
| Applicant | M <input type="checkbox"/> F <input type="checkbox"/> | Y M D | | Address: Phone No: (H) (O) e-mail: Fax: | |
| *Agent Relationship between an applicant and agent () | M <input type="checkbox"/> F <input type="checkbox"/> | Y M D | | Address: Phone No: (H) (O) e-mail: Fax: | |
| *Assistant Relationship with an applicant () Assistant refers to a person helping Applicant view archives | M <input type="checkbox"/> F <input type="checkbox"/> | Y M D | | Address: Phone No: (H) (O) e-mail: Fax: | |
| *For the legal person, organization, agency or business office applicant(individual applicants exempted) Name: Address: (Administrator's or Representative's info should be filled in "Applicant" column.) | | | | | |
| Serial No | File No. | File Name or Main Content | Application item (multiple choices available) | | |
| | | | [viewing] | [copying] | [duplicating] |
| 1 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *Serial No _____ requires the use of originals listed above, because _____ | | | | | |
| Application purpose(s): <input type="checkbox"/> historical investigation <input type="checkbox"/> academic research <input type="checkbox"/> evidence/proof <input type="checkbox"/> reference <input type="checkbox"/> equity protection (multiple choices available) <input type="checkbox"/> others (description in detail): | | | | | |
| Signed by Applicant | | Signature | *Signed by Agent: Signature | | *Signed by Assistant: Signature |
| Application Date: | | | | | |

Notice for Filling Out the Application Form

1. Each column should be filled out completely. A column with a * sign may completed as needed.
2. Please fill out the applicant's ID No. or the Passport No. in the column of ID No.
3. If the agent is an agent by conduct, please submit a Power of Attorney (Appendix III); if the agent is a legal agent, please submit a copy of relevant certificates. If the application involves individual privacy, please submit relevant identification certificates.
4. The "Assistant" refers to a person helping an applicant to view archives.
5. For a legal person, organization, or business office applicant, submission of a copy of business registration certificate is required.
6. The EA may deny the application for viewing, copying or duplicating of the EA's archives according to Articles 18 of the Archives Act as follows.
 - (1) The archives concern national confidentiality.
 - (2) The archives concern criminal information.
 - (3) The archives concern industrial confidentiality.
 - (4) The archives concern technique information and qualification reviews.
 - (5) The archives concern personnel management and salaries.
 - (6) The archives must be kept as confidential under laws and agreements.
 - (7) Other causes to ensure public interest or a third party's due right or interest.
7. Viewing, copying or duplicating of archives need to be conducted within the service time and location specified by the EA.
8. Those who apply to view, copy or duplicate the archives must not be involved in the following behaviors:
 - (1) Add notations to, scratch off/alter, change, remove, add marks to or contaminate the records.
 - (2) Dismantle archives bindings
 - (3) Destroy archives or alter archives contents in any other manner.

Any applicant violating the preceding provisions will be deprived of the right to view, copy or duplicate the archives, and any behavior involving criminality may be forwarded to the prosecutor for investigation.

9. Viewing, copying or duplicating of archives shall be charged on the basis of "The Fee Standards to View, Copy or Duplicate Archives" (Appendix IV).
10. After completing the application form (Appendix I), the applicant may send this form to the EA in person or by mail. For any questions, please contact with the

EA's archives administrator.

Address: 12F.,2,Fu-Hsing N Rd. Taipei ; Zip Code: 106

Phone No: 02-2775-7766

The EA's website <https://www.moeaea.gov.tw>

11. The EA will send the verification result to the applicant in the form of written notification, specifying whether the application is approved or denied, within 30 days from the reception of the application form.

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(Read the notice on the back side before completing the form)

File No: 95010301

| Name | Gender | Date of Birth | ID No. | Address and Phone No. |
|---|---|---------------------|---------------------|--|
| Applicant Ronald E. Miller | M <input checked="" type="checkbox"/> F <input type="checkbox"/> | 1954 08 29 Y M D | B 1 2 3 4 5 6 7 8 9 | Address: No.10, Lane 59, Yitong St., Taipei City Phone No: (H) 25138888 (O) e-mail: Fax: |
| *Agent Relationship between an applicant and agent () | M <input type="checkbox"/> F <input type="checkbox"/> | Y M D | | Address: Phone No: (H) (O) e-mail: Fax: |
| *Assistant Relationship with an applicant () Assistant refers to a person helping Applicant view archives | M <input type="checkbox"/> F <input type="checkbox"/> | Y M D | | Address: Phone No: (H) (O) e-mail: Fax: |

*For the legal person, organization, agency or business office applicant(individual applicants exempted)

Name:

Address:

(Administrator's or Representative's info should be filled in "Applicant" column.)

| Serial No | File No. | File Name or Main Content | Application item (multiple choices available) | | |
|-----------|---------------------|---------------------------|---|-------------------------------------|-------------------------------------|
| | | | [viewing] | [copying] | [duplicating] |
| 1 | 094/500901/1/003/10 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 | 094/500999/1/001/23 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 | 094/500401/1/001/23 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 9 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Application purpose(s): ☐ historical investigation ☐ academic research ☐ evidence/proof
☐ reference ☐ equity protection (multiple choices available) ☐ others (description in detail):

Signed by Applicant Signature *Signed by Agent: Signature *Signed by Assistant: Signature

Application Date: