



Local Possession Authority (LPA)

1 **LPA Number**

2 **Authority is given to occupy the** **Line/s**

between and
Location / nominated clearance point Location / nominated clearance point

3 **Duration** Commencing at hours Date 20

To be fulfilled by hours Date 20

4 **Work to be performed in accordance with CTN / SAFE Notice**
CTN and / or SAFE Notice number

5 **Security code/s**

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<small>Code 1</small>				<small>Code 2</small>				<small>Code 3</small>				<small>Code 4</small>			
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<small>Code 9</small>				<small>Code 10</small>				<small>Code 11</small>				<small>Code 12</small>			
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Train/s standing on **at**
line location

6 **Blocking facilities have been applied at**
location

7 **Details read back by Possession Protection Officer** **at** **hours**
Possession Protection Officer name Time

8 **Authorised by** **at**
Network Control Officer location

Use this section only if the time of an LPA is extended

9 **Extension of time until** hours Date 20

Authorised by **at**
Network Control Officer location

Note: Relieving Possession Protection Officer must sign and date the back of this form to acknowledge handover