**Application for Renewal of the Accreditation Period**

|  |  |
| --- | --- |
| **CCMP general information** | |
| Name: |  |
| CCMP Type: |  |
| CCMP ID: |  |
| Name of the methodology used (list version and validity): |  |
| Sector in which the CCMP operates: |  |
| Name of CCMP participants: |  |
| Duration of the CCMP: | (From day.month.year to day.month.year) |
| Name of the VVB: |  |
| Specify if the CCMP originates from another certification programme: |  |
| **Please answer and justify** | |
| Has the PDD been recently updated? |  |
| Has the PDD been recently validated? |  |
| Which VVB conducted the validation process?  (Include statement supporting any conflict of interest) |  |
| Is the CCMP implemented within a current accreditation period? What is its duration? | (From day.month.year to day.month.year) |
| Has the CCMP completed an accreditation period and what was its duration? | (From day.month.year to day.month.year) |
| Has the CCMP had an accreditation period renewed?  (Detail the number of renewal event it has had) |  |
| **Supports the CCMP must have** | |
| Previous monitoring reports from both current and previous accreditation periods. |  |
| Validation and verification statements from both current and previous accreditation periods. |  |
| Validation and verification reports from both current and previous accreditation periods. |  |
| Other additional information that complements the above items. |  |
| **Justify reasons for renewal of the accreditation period** | |
|  | |

**Applicant (include responsibility in CCMP)**

|  |  |  |
| --- | --- | --- |
| Name and Signature |  | City |
| ID |  | Date |

|  |
| --- |
| Application for Renewal of the Accreditation Period Form date: 17.08.2022  Form Version 1.0 |