**Application for Accreditation as a  
Validation and Verification Body**

1. **VVB Information**

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| **Details of the information** |  |
| Enter information about the VVB. | |
| **Company name:** | Enter the name of the requesting body. |
| **Address:** | Enter the company address. |
| **Phone:** | Enter the phone number. |
| **Website:** | Enter the link to the company’s website. |

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| **Contact information** |  |
| Enter the contact information of the person designated by the VVB as the direct contact with Cercarbono. | |
| **Name:** | Enter the name of the contact person. |
| **Position:** | Enter the position held by the contact person. |
| **Telephone:** | Enter the contact person's telephone number. |
| **Mail:** | Enter the email address of the contact person. |

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| **Additional information** |  |
| Describe in this section any information or documentation that is considered important for the application process for VVB authorisation under the Cercarbono programme. | |
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1. **VVB Accreditation**

Report all accreditations held by the VVB and for which it is possible to demonstrate evidence to be authorised by Cercarbono.

| **Accreditation** | **Sectoral scope** | **Mark with X which one** | **Documentary evidence** |
| --- | --- | --- | --- |
| VVB accredited to IAF Member (Where applicable, please enter the name of the IAF member signatory.) | Energy sector |  | (Link or document name) |
| Industry sector |  |
| Transport sector |  |
| Construction sector |  |
| Mining and mineral production sector |  |
| Metal production sector |  |
| Fugitive emissions sector |  |
| Waste management sector |  |
| Land use sector |  |
| Details of accreditation to IAF member | (Please enter accreditation details) | | |
| VVB accredited as DOE | Energy sector |  | (Link or document name) |
| Industry sector |  |
| Transport sector |  |
| Construction sector |  |
| Mining and mineral production sector |  |
| Metal production sector |  |
| Fugitive emissions sector |  |
| Waste management sector |  |
| Land use sector |  |
| Details of accreditation as DOE | (Please enter accreditation details) | | |

1. **Signature of the VVB**

| **Information** |  |
| --- | --- |
| **Name of the VVB:** | (Enter the name of the VVB) |
| **VVB ID:** | (Enter the identification number of the VVB) |
| **Name of the VVB Director:** | (Enter the name of the director of the VVB) |
| **VVB Director ID:** | (Enter the VVB director's identification number) |
| **Signature:** |  |

**Applicant**

|  |  |  |
| --- | --- | --- |
| Name and signature |  | City |
| ID |  | Date |

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| Application for accreditation as a validation and verification body  Form date: 17.08.2022  Form Version 2.0 |