**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 address of the requesting body. |
| Phone: | Enter the phone number of the requesting body. |
| Website: | Enter the website link of the requesting body. |

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| **Contact information** | |
| Enter the contact information of the person designated by the VVB as the direct contact with the voluntary programme on circular economy. | |
| **Name:** | Enter the name of the contact person. |
| **Position:** | Enter the position held by the contact person. |
| **Phone:** | Enter the phone number of the contact person. |
| **Email:** | 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 voluntary programme on circular economy. |
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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 the Voluntary Programme on Circular Economy.

| **Accreditation** | **Activities** | **Mark with X** | **Documentary evidence** |
| --- | --- | --- | --- |
| VVB accredited to IAF member or other organizations recognized internationally.  (When applicable, enter the name of the IAF signatory member). | Reduction |  | Link or document name. |
| Recirculation |  |
| Details of the accreditation to IAF member or other organizations recognized internationally. | 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 identification number of the VVB director. |
| **Signature:** |  |

**Applicant**

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

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| Application for Accreditation as a Validation and Verification Body  Form date: 23.06.2023  Version 1.0 |