|  |  |
| --- | --- |
| **Applicant:** | **Name / Business name,** **Address** |

|  |
| --- |
| Annex OA 9-1. Part: Environmental Verifier |

|  |  |
| --- | --- |
| Conformity Assessment Body: | **Name, Address** |

|  |  |
| --- | --- |
| **Certificate No.**  (not required for Accreditation) | **Membership number of the registered SNAS member** (only if registered) |
|  |  |

## Specification of activities

**Table 1**

| **Item** | **Code** | | **Name of activity** |
| --- | --- | --- | --- |
| **EA** | **NACE \*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\* Classification according to the Official Journal of the European Union L 393*

**Table 2**

| **No** | **Name and address of workplace** |
| --- | --- |
|  |  |
|  |  |
|  |  |

*Fill in the table according to MSA-E/01.*

Statement:

I hereby state that I do not perform any activities that could affect confidentiality, objectivity or impartiality of the verification process and when performing my activities I am independent, particularly from auditor or consultant of organization according to the Article 20 (4) of the Regulation (EC) No 1221/2009 of the European Parliament and of the Council of 25 November 2009.

I hereby state that I am authorized to submit this application in the name of the organization I represent and that information mentioned in it is true and correct.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | Signature: |  | | |
| Name and surname: | | |  |
| Position: | |  | |