**SPECIFICATION OF ACTIVITIES**

Applicant: Business name

Address, Post code, City, IČO

Name of workplace1, Address, Post code, City[[1]](#footnote-1)

Name of workplace2, Address, Post code, City

Accreditation Certificate No.[[2]](#footnote-2)

**Table 1 – for verification according to Annex I of Commission Implementing Regulation (EU) 2018/2067**

| **Item** | **Activity group** | **Sub-group** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**Table 2 –** **for verification according to EN ISO 14064-1: 2019**

| **Item** | **Sector** |
| --- | --- |
|  |  |
|  |  |
|  |  |

**Table 3a – for verification according to EN ISO 14064-2: 2019**

| **Item** | **Sector** |
| --- | --- |
|  |  |
|  |  |
|  |  |

**Table 3b – for validation according to EN ISO 14064-2: 2019**

| **Item** | **Sector** |
| --- | --- |
|  |  |
|  |  |
|  |  |

**Table 4 – for verification according to EN ISO 14067: 2018**

| **Item** | **Sector** | **Activities** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

*Fill in the tables according to MSA-V/01.*

Statement:

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: |  |
| Name and surname: |  |
| Position: |  |

1. Workplaces of Validation and Verifications Body, where activities are exercised (workplaces, where key activities are exercised, are marked with star) [↑](#footnote-ref-1)
2. Fill in only in the case of the application for reaccreditation or extension of accreditation*.* [↑](#footnote-ref-2)