# APPLICATION FORM for MRV-Maritime VERIFICATION

(EU-MRV and IMO-DCS)

Please complete electronically and return by e-mail

 **By returning this application form you agree to our data protection declaration.**

See <https://controlunion-germany.com/en/privacy-policy>

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| **NAME OF COMPANY AND LEGAL STATUS**(please use full name of company with e.g. Ltd., Inc, etc.) | ADDRESS OF COMPANY(Street, post code, town, province, country, P.O. Box) |
| LEGAL REPRESENTATIVE(As accepted by the Chamber of Commerce registration, orauthorized otherwise) | **COMPANY’S CONTACT PERSON** (complete if different from Legal Representative) |
| **VAT NUMBER OF THE COMPANY** | **E-mail (and/or Website)** |

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| I am completing this Application Form because I wish to receive a non-obligatory offer for verification of my company for the EU MRV and/or IMO-DCS Regulation.[ ]  **Applying for the first time**[ ]  **Indicate changes** if you are already our client.Applying for additional services:[ ]  **Pre-assessment** |

**Description of business activity**

Please describe the role of the company.

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| [ ] Ship-owner[ ] Ship-manager[ ] Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Your desired scope to be mentioned on the certificate**

Please specify which regulation needs to be in scope of the verification.

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| [ ] EU-MRV (Monitoring, Reporting, and Verification)[ ] IMO-DCS (Data Collection System) |

**List of Vessels requested for verification**

Please fill the below table with the vessels in scope of the verification, or attach a separate list to this document containing the same information.

**IMO NUMBER:** seven-digit unique IMO number, as shown on the ship’s hull

**PORT OF REGISTRY:** the home port where the ship is based

##### VESSEL TYPE: ship type according to MARPOL Annex VI, Ch.1, Reg. 2

##### VESSEL SIZE: in deadweight tonnage and gross tonnage

**Number of voyages to EU port:** return trips in period of verification (calendar year)

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| **No** | **Vessel Name** | **IMO Number** | **Flag State**  | **Vessel Size** **(DT/GT)** | **Number of voyages from EU port** | **Number of voyages to EU port** | **Total amount of voyages** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
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| **17** |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |
| **…** |  |  |  |  |  |  |  |

**Attachments**

When already available, please attach the relevant documents.

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| [ ] Monitoring plan (for EU-MRV)[ ]  Data Collection Plan (for IMO-DCS)[ ] Emission report (if any), reporting period(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Other (optional), please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] None of the above yet |

1. **How do you collect your fuel consumption (monitoring activity) of your vessel?**

Please specify your method.

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| [ ] Bunker fuel delivery note[ ] Bunker daily measurement[ ] Flowmeter reading[ ] CO2 measurement on chimney *(Not available for IMO-DCS)* |

**Are you responsible to document your fuel consumption or CO2 emission?**

If yes, please mention: name and position of the person in charge.

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**Other certification or compliant document own by the vessel**

Please list standards and other normative documents relevant to the energy use if your business scope, or attach list of those.

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| [ ] EU-MRV Monitoring Plan[ ] Ship Energy Efficiency Monitoring Plan (SEEMP)[ ] ISO 9001 Quality management[ ] ISO 14001 Environmental management[ ] OHSAS 18001 Occupational health and safety assessment[ ] ISO 45001 Occupational health and safety assessment[ ] Other (optional), please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Subcontractors: Are any subcontractor involved in the scope you applied for?**

If yes, please mention: name of subcontractor, address, and its activity (e.g. IT company for data monitoring and reporting)

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1. **Has the project ever been registered, audited, or certified before by another Certification Body for EU-MRV or IMO-DCS?**

If yes, please mention: the name of the previous Certification Body and the reason of change.

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**Undersigned declares to have completed this Application Form truthfully.**

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| **ORGANIZATION NAME** |
| **LEGAL REPRESENTATIVE**(As accepted by the Chamber of Commerce registration, or authorized otherwise) |
| **DATE & SIGNATURE** |

**Note:**

**Please send us copies of documents to prove the legal status of your organization along with this application, e.g. Business registration certificate/ Chamber of Commerce registration certificate.**

**Based on the above information, Control Union Certifications will draw up a non-obligatory offer for a contract.**

**SEND TO (preferably by email):**

Control Union Certifications Germany GmbH

Dorotheastraße 30

D-10318, Berlin

Germany

Tel.: +49 (0) 30 509 69 880

Email: berlin@controlunion.com