# 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, or  authorized 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** |  |  |  |  |  |  |  |
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| **19** |  |  |  |  |  |  |  |
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| **…** |  |  |  |  |  |  |  |

**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

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Email: berlin@controlunion.com