**recognition scheme VERIFIERS MRPI®/EPD 2017**

**APPLICATION FORM RECOGNIZED VERIFIER**

May 2017, V3.1 FINAL



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**Stichting MRPI®**

**Kingsfordweg 151**

**1043 GR Amsterdam**

**The Netherlands**

[**info@mrpi.nl**](mailto:info@mrpi.nl)

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| --- | --- |
| MRPI® VERIFIER APPLICATION FORM | |
| Agency’s name |  |
| Address |  |
| Postcode and town |  |
| Telephone |  |
| Name contact |  |
| E-mail |  |
| Ch. Of Comm. Number |  |
| VAT number |  |
|  |  |
| Herein lawfully represented by: |  |
| Name |  |
| Position |  |

**Applies herein for recognition as an MRPI® VERIFIER. The applicant declares herein that it is aware of the content of the *Recognition scheme verifiers MRPI® May 2017, v3.1 FINAL* and declares herein that it will comply with it and agrees to pay the following costs arising from the Scheme:**

* annual contribution by the MRPI®VERIFIER amounting to € 1500,-

**Please find enclosed 3 LCA studies according to the “Bepalingsmethode, See Clause 1” which demonstrate the knowledge and experience of the applicant in carrying out LCAs. The LCA studies are at the maximum 3 years old.**

Signature:

Date:

Afbeelding met Lettertype, Graphics, logo, grafische vormgeving

Automatisch gegenereerde beschrijving

To be sent to:

Stichting MRPI®

info@mrpi.nl