



EUROCERT



APPLICATION FORM FOR CARBON DIOXIDE EMISSIONS FROM MARITIME TRANSPORT

- **Ship owner details:**

Name of the shipowner
Address of the shipowner and its principal place of business:
VAT NU.:
TEL. :
FAX :
e-mail :

- **Ship particulars**

1. Name of the ship
2. IMO identification number
3. a) Port of registry OR
b) Home port

4. Ship category. Please select:

'Passenger ship', 'Ro-ro ship', 'Container ship', 'Oil tanker', 'Chemical tanker', 'LNG carrier', 'Gas carrier', 'Bulk carrier', 'General cargo ship', 'Refrigerated cargo carrier', 'Vehicle carrier', 'Combination carrier', 'Ro-pax ship', 'Container/ro-ro cargo ship', 'Other ship types'

5. Flag State/Registry

6. Gross tonnage (ITC 1969)

- **Type of existing management system certification** (quality, environmental or management standards or ISM code), relevant for monitoring CO2 emissions and other relevant information and reporting pursuant to Regulation (EU) 2015/757 and Commission Implementing Regulation (EU) 2016/1928 :

Certification Year:
Certification Bodies:

- **Please describe** where the critical mass of relevant data is stored, including electronic or hard copies of documents of which the originals are kept on the ship, and the place where data-flow activities are carried out:

- **Please describe** information's about ship's monitoring and reporting systems:

- **Ability to obtain and assess all requisite information remotely** (Yes or No):
- The monitoring plan template corresponding to the model set out in Annex I to Implementing Regulation (EU) 2016/1927 in English Language(Yes or No):
- Derogation of 'per voyage' monitoring of fuel and CO2 emissions pursuant to Article 9(2) of Regulation (EU) 2015/757(Yes or No):
- **Name of the Emission Reports manager:**

- **For the verification of the emissions report, please provide us with the following information:**
 - a list of voyages carried out by the ship in question during the reporting period
 - a copy of the emissions report from the previous year where appropriate
 - a copy of the monitoring plan or plans applied

I HEREBY DECLARE AND CERTIFY THAT:

A) I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS OF EUROCERT'S REGULATION

B) I CONFIRM THAT I WILL COVER ALL THE COSTS ASSOCIATED WITH THE CERTIFICATION PROCEDURE

C) I INFORMED THAT THE AUDIT REPORT IS DISTRIBUTED BY EUROCERT ONLY TO THE BUSINESS ORGANIZATION AND IS NOT GIVEN TO THIRD PARTIES WITHOUT THE WRITTEN AUTHORIZATION OF THE CUSTOMER.

SIGNATURE / COMPANY STAMP:

FOR EUROCERT USE ONLY

DATE RECEIVED:

CASE NUMBER:

REVIEWED BY:

APPROVED BY: