

|  |  |
| --- | --- |
| **Application for** control **№** *(number assigned by a certified body)* **№** |  |
| Сustomer (title): | Operator`s STC №:  | STC XX-05-XX-XXXX |

**Application for** control **№. ………**

With this application, we ask you to provide the following services (mark the necessary):

[ ]  Sampling of products

Products from which samples are taken must be marked (labeled) and clearly identifiable. The indication must contain the following minimum information: product name, harvest year, batch number, quantity. In the absence of designation, sampling will not be performed.

[ ]  Control of loading of products from the Producer’s warehouse

[ ]  Control of transshipment of products in the port (on elevator)

[ ]  Sealing of cargo spaces, cargo compartments of vehicles, packaging, etc.

[ ]  Other (to describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Description | Product owner | Information |
| Customer (title, client number, certificate) | □ |  |
| Producer (client number, certificate), if certified by another inspection body, indicate: inspection body code, certificate number) | □ |  |
| Preferred date of services rendering\* |  |
| Place of control performance (exact address, warehouse or silo No., etc.)**\*\*** | **Place of loading** (in case of control of shipment) |  |
| **Place of unloading** (in case of control of shipment) |  |
| Product name, crop |  |
| Lot (batch) number |  |
| Lot (batch) quantity  |  |
| Package (type and quantity) |  |
| Person in charge (phone, e-mail) |  |
| Additional information (if need) |  |
| In case of sampling, indicate the preferred laboratory to which samples should be sent from the list below:□ Eurofins □ TLR International □ Galab □ Bilacon □SGS □ Cotecna □Primoris □Other (after confirmatin by CB) |

**\*** Indicate the date or the interval between the dates of the preferred control of loading. If there are several loadings, indicate the preferred date for each of them. The final date for the provision of services is agreed with the Service Provider. ATTENTION !!!: in order to avoid delays in the provision of services, please submit an application to the Certification Body **no later than four business days before the next preferred date for the provision of services.**

\*\* If the load is planned to be moved from the Manufacturer's warehouse, then it is necessary to indicate all the places of the planned intermediate storage (name of the enterprise, exact address, number of the warehouse, silo, etc.) and number them in accordance with the sequence of the planned movement of the load in such so that the first number is the Manufacturer's warehouse, and the last is the final location (exact address) after the transfer.

|  |  |  |
| --- | --- | --- |
| Person in charge: |  |  |
| First name, Last Name |    |
| Position  |  |
| e-mail |   |
| Phone number |   |
| Date  |  |

**This application form should be sent to** **coi@stc.lv**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Filled by the representative of the Certification body and Executor**

|  |  |
| --- | --- |
| Date of receipt / registration of the application by the Certification Body |  |
| Date of sending the application to the executer |  |
| Specify the scope of product control (in full or selectively) in the case of - control of shipment, transshipment |  |
| Date of registration of the application by the Executor |  |