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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPANY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMPANY NAME | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISTINCTIVE TITLE | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZIP - CITY | |  | | | | | | phone | | | | |  | | | | | | at_symbol | | | | | |  | | | | | |
| TELEFAX | |  | | | | | | URL | | | | |  | | | | | | VAT Nr. | | | | | |  | | | | | |
| SITE WHERE THE AUDIT WILL TAKE PLACE: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| OTHER FACILITIES / SUBSIDIARIES / TEMPORARY SITES: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| DO YOU WISH THOSE SITES TO BE AUDITED AS WELL? | | | | | | | | | | | | | | | YES | | | | | | NO | | | | | | | | | |
| COMPANY REPRESENTATIVE: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| MANAGEMENT SYSTEM REPRESENTATIVE: | | | | | | | | | |  | | | | | phone | | |  | | | | | at_symbol | | | |  | | | |
| CONSULTANT | | | | | |  | | | | | | | | | phone | | |  | | | | | at_symbol | | | |  | | | |
| SCOPE OF ACTIVITY: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| CRITICAL PROCESSES, PROCESSES CARRIED OUT BY SUBCONTRACTORS AND THEIR INTERACTION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEGISLATION RELATIVE TO THE PRODUCTS OR THE SERVICES OF THE COMPANY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERMANENT PERSONNEL | | | | | | |  | | | | | | | TEMPORARY PERSONNEL | | | | | | | | | | | | | | | |  |
| NUMBER OF PERSONEL ON SHIFTS | | | | | | | | | | |  | | | Nr. OF SHIFTS (if any) | | | | | | | | | | | | | | | |  |
| EXISTANCE OF OTHER CERTIFIED MANAGEMENT SYSTEM(Please fill in relevant Annex in case of transfer request) | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | | |
| OPERATION LICENSE / ENVIRONMENTAL LICENSE / CORPORATION CHARTER *(please attach)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INFORMATION FOR THE CERTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | 2. | | | | | | 3. | | | | 4. | | | | | | | 5. | | | | | | 6. | | | | |
| \*Please fill in the relevant Application Annex | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO YOU WISH A PRE-ASSESMENT AUDIT TO TAKE PLACE? | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | |
| DESIRABLE AUDIT DATE (MONTH / DATE) | | | | | | | | | | | |  | | | | AUDIT TYPE: | | | | | |  | | | | | | | | |
| OTHER INFORMATION – REMARKS: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| I hereby declare that the company has in place all the necessary legislative documentation relating to its operations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | | SIGNATURE AND STAMP | | | | | | | | | | | | | | | | | |
| Please fill in the application form and email it to [infocy@tuv.at](mailto:infocy@tuv.at) or FAX it to (+357) 22879551 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | APPLICATION REVIEW  *(to be filled in by the Certification Body)* | | | | | | | | | | | | | | | | | | | | | | | | | | | Signature | | |

**Annex OK Recycled / EN 15343**

**APPLICATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 New Certification  🞏 Extension | | | | 🞏 OK Recycled  🞏 EN 15343  🞏 OK Recycled + EN 15343 | |
| *Status of the applicant:* | *Application for:* | | | | |
| Manufacturer | 🞏 Waste Recycler  🞏 Component / Semi Finished Product  🞏 Finished product | | | | |
| Importer / Representative | 🞏 Bottling Companies / Brand Owner  🞏 Organisations trading finished products | | | | |
| *With designation (trademark, production code):* | | |  | | |
| *Number of different production sites:* | | |  | | |
| *Reporting Period [[1]](#footnote-1):* | | |  | | |
| *Certified true and complete by:* | | | | | |
| Name: | |  | | | |
| Position in the company: | |  | | | |
| Date: | |  | Signature: | |  |

**INFORMATION** (to be published on the Certificate and/or website)

|  |  |  |
| --- | --- | --- |
| Certificate | Company name: |  |
| Address Street |  |
| ZIP Code  Country |  |
|  |
| On website only | “Public” Contact Person |  |
| Phone |  |
| E-mail |  |
| Web site |  |

**PRODUCT DATA:**

Please, fill in the form carefully! The more accurate the form is filled in, the easier and faster the treatment!

1. **fill in case of Individual Products**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A/A | Product Type (Intended Use, size, thickness etc) | Raw material Used (Aluminium, Plastic -PET, PP, PS, PVC etc – Fabric etc) | Supplier of the Recycled material[[2]](#footnote-2) | Pre or Post Consumer Waste[[3]](#footnote-3) | Production Method | Recycled Content Percentage (%) | Quantity Produced during the Reporting Period (t) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Total:** | | | | | | |  |

1. **Fill in case of Group Products[[4]](#footnote-4)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Group | Product Type (Intended Use, size, thickness etc) | Raw material Used (Aluminium, Plastic -PET, PP, PS, PVC etc – Fabric etc) | Supplier of the Recycled material2 | Pre or Post Consumer Waste3 | Production Method | Recycled Content Percentage (%) | Quantity Produced during the Reporting Period (t) |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| **Total:** | | | | | | |  |

All the provided information will be treated as highly confidential

1. Reporting period for the calculations of the Recycled Content, cannot be less than 2 months. [↑](#footnote-ref-1)
2. If your company recycles waste internally you must mention “Internal Recycling” [↑](#footnote-ref-2)
3. In case of pre-consumer waste, please clarify if the waste is purchased from External Recycler or it is generated through Internal Recycling [↑](#footnote-ref-3)
4. If all the below apply, the individual Product may be combined in Product Groups:

   * Same Intended Use of the final Product
   * Same production process
   * Same Product composition (Same Recycled raw materials used)
   * Less than 5% difference in the Recycled Content Claim

   [↑](#footnote-ref-4)