



Member of TÜV NORD Group

TUV HELLAS (TUV Nord) S.A. _AGRISYSTEMS Dept, Certification and inspection body
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APPLICATION FORM FOR APICULTURE UNITS

Regulation (EU) 889/2008, Regulation (EU) 834/2007 and CMD 245090/2006

REGISTRATION CODE.:	0			
COMPANY:				
RESPONSIBLE PERSON:				
CONSULTANT:				
PREFERABLE AUDIT DATE:				
CITY \ Postcode:	TELEPHONE NUMBER:			
STREET:	FAX NUMBER:			
COUNTRY:	e mail ADDRESS:			
LEGAL ENTITY:				
VAT:				
CERTIFICATE NUMBER (in case of already certified products)	NAME OF PREVIOUS CERTIFICATION BODY:			
FIRST REGISTRATION DATE:	WITHDRAWAL DATE:			
In case of certification transfer:				
Did you fill in the relevant questionnaire	<input type="checkbox"/> yes <input type="checkbox"/> no	Are there any outstanding sanctions imposed by the previous CB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Are there any outstanding financial obligations to the previous CB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Is the Contractual Agreement with outgoing CB outstanding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BEEHIVES LOCATION	TYPE AND CONSTRUCTION MATERIAL	NUMBER OF BEEHIVES	STAGE	PRODUCTS

Additional remarks

Date: _____ Stamp / Signature _____

APPLICATION EVALUATION - TO BE FILLED BY TUV HELLAS			
ΑΞΙΟΛΟΓΗΣΗ ΣΤΟΙΧΕΙΩΝ		ΔΙΑΘΕΣΙΜΟΤΗΤΑ ΕΠΙΘΕΩΡΗΤΗ: <input type="checkbox"/> Ναι	ΤΕΧΝΙΚΗ ΕΠΑΡΚΕΙΑ: <input type="checkbox"/> Ναι
ΑΝΩΤΕΡΟΣ ΕΠΙΘΕΩΡΗΤΗΣ:			ΗΜΕΡΟΜΗΝΙΑ:
ΕΠΙΘΕΩΡΗΤΗΣ:			