



**Member of TÜV NORD Group**

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## APPLICATION FORM FOR CROP PRODUCTION UNITS

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

REGISTRATION CODE.:			
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:	
<b>In case of certification transfer:</b>			
Do you posses subsidied crops?	<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
Did you fill in the relevant questionnaire	<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
Did you fill in the Annex I (Fields list)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Contractual Agreement with outgoing CB outstanding?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CROP NAME	NUMBER OF FIELDS	SURFACE (Ha)	HARVEST PERIOD

Additional remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date:	Company stamp / Signature:
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APPLICATION EVALUATION – TO BE FILLED BY TÜV HELLAS			
ΑΞΙΟΛΟΓΗΣΗ ΣΤΟΙΧΕΙΩΝ		ΔΙΑΘΕΣΙΜΟΤΗΤΑ ΕΠΙΘΕΩΡΗΤΗ : <input type="checkbox"/> Ναι	ΤΕΧΝΙΚΗ ΕΠΑΡΚΕΙΑ: <input type="checkbox"/> Ναι
ΑΝΩΤΕΡΟΣ ΕΠΙΘΕΩΡΗΤΗΣ: ΕΠΙΘΕΩΡΗΤΗΣ:			ΗΜΕΡΟΜΗΝΙΑ: