


System Certyfikacji




KZR INiG

KZR INiG System/9.1

	Certification system of sustainable biofuels, biomass fuels and bioliquids production	Issue: 4 th
		Date: 05/05/2025
	Requirements for Certification Bodies	Page 2 of 5

Application for recertification of authorization or update of the authorization scope

By The Oil and Gas Institute-National Research Institute

	Certification system of sustainable biofuels and bioliquids production	Issue: 4 th
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	Requirements for Certification Bodies <i>Annex I- Application on granting, recertification of authorisation or update of the authorisation scope</i>	Page 2 of 4

.....
(Place, date)

I. Applicant information:

Name of applicant:

Postal code:

City:

Country:

Address (street No.;
province):

E-mail:

II. This application concerns:*

- granting authorisation of a certification body under the KZR INiG System
- recertification of a certification body's authorisation
- updating a certification body's authorisation scope

regarding the certification of biofuels, bioliquids, and biocomponents produced in accordance with the required sustainability criteria.

III. Information on participating operator:

Name of the certification body:

Postal code:

City:

Country:


Address (street No.; province):

Phone No(s).:

Fax:

E-mail:

* delete as appropriate

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Website http://

VAT identification No./Statistical No. _____

Names and position of responsible persons:

Name and surname: _____

Position: _____

Phone No(s): _____

Fax: _____

E-mail: _____

Contact details to be published on the KZR INiG website:

Name and surname:

Position:

Phone number

e-mail address


Contact person referred to the KZR INiG matters

Name and surname:

Position:

Phone number

e-mail address

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IV. I confirm the correctness of information included in the application and I declare that:

- I know and accept the rules of functioning of the KZR INiG System, defined in the documents *KZR INiG System/1/ Description of the KZR INiG System– general rules* and *KZR INiG System/9/ Requirements for certification bodies*, and in documents referred to therein, and I am obliged to observe them;
- I know and accept the obligations of the participating operator after authorisation is granted;
- I will provide the System Administrator (i.e., appointed auditor team, including observers designated by the Board of the KZR INiG System) with access to all relevant information, documents, and places, enabling them to conduct an audit with the planned scope, and I will organise monitoring of actions under real conditions, according to KZR INiG System rules, and ensure proper conditions.

.....
(Signature and stamp of a person authorised to represent.)

To be completed by the KZR INiG

☐ The documentation is complete

or

☐ The documentation needs to be completed in the following scope:

Date:

Signature: