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| **General information** |
| Firm name |  |
| Contact person |  |
| Position |  |
| E-mail |  |
| Address |  |
| Postal code, city |  |
| Postal address  |  |
| Telephone / Fax |  |  |
| E-mail |  |
| Website |  |
| Chamber of commerce |  |
| VAT/TVA |  |
| External consultant |  [ ]  none [ ]  firm : ……………………….. Name:……………………………… |
| How do you know Kiwa? |  [ ]  Website [ ]  Social media etc. [ ]  Consultant [ ]  other: …………………... |

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| **sector, type of location and audit** |
| [ ]  RHP Horticulture | [ ]  RHP Consumer | [ ]  RHP Mushrooms |  |
| [ ]  RAG Green Roof | [ ]  RAG Landscaping | [ ]  RAG Aanvulgronden |  |
| **Type of location – only applicable for RHP Horticulture, RHP Consumer, RHP Mushrooms** |
| [ ]  Operating location End products substrates – location type 1 -----------------------------------Number of location(s):Place(s): | [ ]  Operating location raw materials with addition of high phytosanitary risk materials – location type 2 -------------------------------------------Number of location(s):Place(s): | [ ]  Operating location raw materials without addition of high phytosanitary risk materials – location type 3 ------------------------------------------Number of location(s):Place(s): | [ ]  Extracting location – location type 4 ---------------------------Number of location(s):Place(s): |
| [ ]  Transschipment and collection location – location type 5-----------------------------------Number of location(s):Place(s): | [ ]  Laboratory – location type 6:  |  |

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| **Type of audit** |
| [ ]  admission | [ ]  expansion:  | [ ]  take-over |
|  |  |  |
| **Comments/questions** |
|  |

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| **Planning** |
| In which period you would like to plan the audit? |  |

Send this form to: Cees.de.kreij@kiwa.nl

After receiving the application form we will contact you as soon as possible.