|  |  |  |
| --- | --- | --- |
| **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  : |  | |

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

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

Send this form to: [Cees.de.kreij@kiwa.nl](mailto:Cees.de.kreij@kiwa.nl)

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