

### JCM Application Form for Designation as a Third-Party Entity

Name of entity																		
Central office																		
	Physical address																	
	Postal address (if different from above)																	
	Contact details	Telephone: Mobile: Email:																
Office in Japan, if applicable																		
	Physical address																	
	Postal address (if different from above)																	
	Contact details	Telephone: Mobile: Email:																
Office in the host country, if applicable																		
	Physical address																	
	Postal address (if different from above)																	
	Contact details	Telephone: Mobile: Email:																
Application condition	<p>Check as appropriate</p> <p><input type="checkbox"/> An entity accredited under ISO 14065 by an accreditation body that is a member of the International Accreditation Forum (IAF) based on ISO 14064-2.</p> <table border="1"> <tr> <td>Sectoral scope(s) for validation</td> <td></td> </tr> <tr> <td>Sectoral scope(s) for verification</td> <td></td> </tr> <tr> <td>Name of the accreditation body</td> <td></td> </tr> </table> <p><input type="checkbox"/> An entity which has made a formal application for the accreditation under ISO 14065 to an accreditation body that is a member of the IAF based on ISO 14064-2.</p> <table border="1"> <tr> <td>Sectoral scope(s) for validation</td> <td></td> </tr> <tr> <td>Sectoral scope(s) for verification</td> <td></td> </tr> <tr> <td>Name of the accreditation body</td> <td></td> </tr> </table> <p><input type="checkbox"/> A Designated Operational Entity (DOE) or an operational entity accredited by the Executive Board under the Clean Development Mechanism (CDM).</p> <table border="1"> <tr> <td>Sectoral scope(s) for validation</td> <td></td> </tr> <tr> <td>Sectoral scope(s) for verification</td> <td></td> </tr> </table>		Sectoral scope(s) for validation		Sectoral scope(s) for verification		Name of the accreditation body		Sectoral scope(s) for validation		Sectoral scope(s) for verification		Name of the accreditation body		Sectoral scope(s) for validation		Sectoral scope(s) for verification	
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Sectoral	Validation																	

scope (s) applied for	(Explanation for selecting the scope(s))	
	Verification	
	(Explanation for selecting the scope(s))	
Type of application	Check as appropriate <input type="checkbox"/> Initial designation <input type="checkbox"/> Provisional designation <input type="checkbox"/> Addition of sectoral scopes <input type="checkbox"/> Reinstatement of designation	
I declare that the information given in this application is correct to the best of my knowledge and belief. I conduct to inform the JCM secretariat immediately of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to the JCM secretariat in line with the procedures for designation.		
On behalf of the entity, I declare that the all applicable JCM rules and guidelines are understood.		
Name		
Position (state position if other than CEO)		
Date		
Signature		