JCM Application Form for Designation as a TPE

Name of entit	ty	
Central office	2	
	Physical address	
	Postal address (if different from above)	
	Contact details	Telephone: Mobile: Email:
Office in Japa	an, 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	Check as appropriate Accredited under ISO 14065 by an accreditation body that is a member of the International Accreditation Forum based on ISO 14064-2. Sectoral scope(s) for validation Sectoral scope(s) for verification	
		tional Entity (DOE) or an operational entity accredited by the er the Clean Development Mechanism (CDM).
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 Initial designation Addition of sectoral s	scopes

Reinstatement of designati	ion
I declare that the information given in this	application is correct to the best of my knowledge and belief.
I conduct to inform the secretariat immedia	tely 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 secretariat in line
with the procedures for designation.	
Name	applicable JCM rules and guidelines are understood.
Position (state position if other than CEO)	
Date	
Signature	