

NAME OF THE ORGANIZATION
A. GENERAL INFORMATION
INFORMATION ABOUT THE ORGANIZATION

Name		Tax ID number	
Address of registered office		Town/City	Postcode
E-mail address		Telephone	Fax

Include documentation about the legal entity of the organization (memorandum and articles of association or legislation governing it).

DELEGATIONS

Availability of delegations Yes No

Name of the delegation:		
Address:		
Municipality:	Postcode:	
Telephone:	Fax:	E-mail address:
Person in charge:	Post:	

Add a table for each delegation.

REPRESENTATIVES OF THE ORGANIZATION

Legal representative of the organization

Full name	Tax ID number	Post	E-mail address	Telephone

Contact person

Full name	Tax ID number	Post	E-mail address	Telephone

Include authorization of the organization, duly entered in the public registry, tax ID number of the company and national ID of its representative/s.

ORGANIZATION, RELATED BODIES AND OTHER ACTIVITIES

Name of the company group/overall organization		Tax ID number	
Address of registered office		Municipality	Postcode
E-mail address		Telephone	Fax

Do any public bodies have stakes in the organization? Yes No

* All the information given will be threatened as confidential.
If it is considered necessary, the CATEB can ask for additional information

Do any professional institutes, professional associations and/or industrial/business associations have stakes? Yes No

Does it have related organizations/companies? Yes No

Does the body and/or organization to which it belongs carry out activities other than those accredited? Yes No

Include an organization chart and, if part of a larger organization, relations of dependency between the organization and the parent body.

Include activity report of the organization.

BREAKDOWN OF THE PARTNERS IN THE ORGANIZATION

Partner (natural or legal person)	Tax ID number	Percentage share (%)

CIVIL LIABILITY INSURANCE POLICY

Does the organization, or the body to which it belongs, have a professional liability insurance policy that covers risks associated with the activities carried out by the organization? Yes No

Name of insurance company:

Policy number:

Coverage:

Include documentation supporting the financial capacity of the organization and a copy of professional liability insurance policies.

ACCREDITATIONS OF THE ORGANIZATION

Does the organization, or the body to which it belongs, have any accreditations? Yes No

<input type="checkbox"/>	Environmental control body	[EN ISO/IEC 17020 and Decree 170/1999]
<input type="checkbox"/>	Greenhouse gas verifier	[EA-6/03]
<input type="checkbox"/>	Inspection body	[EN ISO/IEC 17020]
<input type="checkbox"/>	Certifier of environmental management systems	[EN ISO/IEC 17021]
<input type="checkbox"/>	Testing and/or calibration laboratories	[EN ISO/IEC 17025]
<input type="checkbox"/>	Product certification body	[EN 45011]
<input type="checkbox"/>	EMAS environmental verifier	[Regulation EC 761/2001]
<input type="checkbox"/>	Others (please specify):	

Include copy of accreditation certificate and annexes

B. SPECIFIC REQUIREMENTS

EXPERIENCE

ORGANIZATION

Related projects

Name	Description	Year

STAFF

Technical director or technical expert in charge for DAPcons® verification

Full name:	Tax ID number:	Email:	Telephone:

Technicians

Full name of the technician:
Qualification:
Specialized training:
Years of experience in the construction sector:
Years of experience in the environmental sector:
Relation to the organization: <input type="checkbox"/> staff <input type="checkbox"/> external

Add a table for each technician

Include the curriculum of all staff.

WORKING METHODOLOGY

Include a copy of the procedures implemented to carry out the tasks of verifying DAPcons®.

CURRENT FEES

C. DECLARATION OF INDEPENDENCE AND IMPARTIALITY

Full name of the undersigned:
Tax ID number:
On behalf of the organization:
Post:

To ensure the independence, impartiality and integrity required for the verification of DAPcons®.

The undersigned, on behalf of the body, declares that:

- The various organizational units of the body have the necessary technical autonomy.
- None of the organizational units are related to any party or element involved in the design, manufacture, supply, installation, purchase, ownership, use and/or maintenance of installations, products or services subject to the proceedings as a DAPcons® verifier.
- Each collaborator (in-house staff and, in the same capacity, hired external staff) involved in DAPcons® verification activities has signed an agreement to the effect that s/he has no interests/is not involved in activities related to the design, manufacture, supply, installation, purchase, ownership, use and/or maintenance of installations, products or services subject to verification.
- The policy of remuneration of collaborating staff is independent of the number of verifications carried out per unit of time and their results.
- In order to demonstrate compliance with the criteria of independence, impartiality and integrity, the directors of the organization undertake to continuously ensure that there is no conflict of interest between related companies, group companies, financial interests, etc.
- This statement will be updated every time a change occurs or a new activity is incorporated into the organization which could compromise the necessary independence, impartiality and integrity of the body.

The body and related organisms:

- Do not offer consulting services related to matters that may be subject to their intervention as DAPcons® verifiers.
- Do not offer technical assistance related to matters that may be subject to their intervention as DAPcons® verifiers.
- Do not intervene as DAPcons® verifiers for clients in the event of financial dependence that could compromise their impartiality in other consulting services or technical assistance.

Signature

Place, date

D. DECLARATION OF UNDERTAKING

Full name of the undersigned:

Tax ID number:

On behalf of the organization:

Post:

Declares:

- That the information contained in this form and the attached documentation is true and valid;
- That the documentation contained is up-to-date;
- That s/he is familiar with the Programme Operator DAPconstrucción® and the rights and responsibilities of accredited organizations.

Undertakes to:

- Comply with the accreditation requirements of verified organizations;
- Respect the accreditation procedures established by the CAATEEB and facilitate access to all the information and/or documentation required for evaluation of the organization;
- Pay the fee for the accreditation process, whether or not it is granted.

Signature

Company stamp