**Notification of intent to perform EMAS verification/validation activity** **AF-3E**

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Please complete the following details at least four weeks prior to performing EMAS verification/validation activities:

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| Verification body name/  Name of licenced verifier: |  |
|  |  |
| Accreditation or licence details:  *If possible, please provide hyperlink to schedule on accreditation/licensing body’s website, which will provide evidence that accreditation/licensing is still valid and not affected by suspension or withdrawal and that the scope of accreditation/licensing covers the specific activities of the organization under verification.* |  |
|  |  |
| Verification team composition: |  |
|  |  |
| Competence of team:  *In particular, related to legal requirements specific to the environment in the industrial sector being verified* |  |
|  |  |
| Time and place of the verification/validation:  *Notification issued to INAB* |  |
|  |  |
| Address and contact details of the organisation whose system is being verified: |  |
| Confirmation of EMAS Derogation |  |

**INAB use only:**

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| Date notification received |  |
|  |  |
| Notification satisfactory:  *If notification is unsatisfactory, give details.* |  |