

Finnish Transport and Communications Agency
 P.O. Box 320, FI-00059 TRAFICOM, Finland
 kirjaamo@traficom.fi

Date

Applicant	Name		Business ID
	Phone Number		
	Official Address	Postal Number	City
	Country	Phone Number	
	Billing address, if different from the above		
Contact Person	Name		
	Phone Number	E-mail Address	
Verifier's Personnel	Shipping MRV Lead Auditor		
	Name		Date of Birth
	Phone Number	E-mail Address	
	Shipping MRV Auditor(s)		
	Name		Date of Birth
	Phone Number	E-mail Address	
	Name		Date of Birth
	Phone Number	E-mail Address	
	Name		Date of Birth
	Phone Number	E-mail Address	
	Name		Date of Birth
	Phone Number	E-mail Address	
	Independent Reviewer(s)		
	Name		Date of Birth
	Phone Number	E-mail Address	
	Name		Date of Birth
	Phone Number	E-mail Address	
	Name		Date of Birth
	Phone Number	E-mail Address	

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Verifier's Personnel	Person to authenticate the verification report		
	Name		Date of Birth
	Phone Number	E-mail Address	
	Name		Date of Birth
	Phone Number	E-mail Address	
	Name		Date of Birth
	Phone Number	E-mail Address	
	Name		Date of Birth
Phone Number	E-mail Address		
Accreditation Certificate	Accreditation Number		
	Date of Admission		
	Date of Expiration		
Public contact information	The applicant's contact information which will be published on Traficom's website after approval		
	Company name	Web address	
	Address		Phone number
Attachments	Accreditation Certificate		
Signature(s)	Title and company		
	Signature and name clarification		
	Place and time		
	Title and company		
	Signature and name clarification		
	Place and time		