**A. Details of Applicant**

|  |  |  |
| --- | --- | --- |
| Name of Organization/Company |  | |
| Address |  | |
| Web site |  | |
| Contact Person (1) | Name |  |
| Position |  |
| E-mail |  |
| Telephone |  |
| Contact Person (2) | Name |  |
| Position |  |
| E-mail |  |
| Telephone |  |
| Consultancy Organization  (if any) | Name |  |
| Contact person |  |
| Position |  |
| E-mail |  |
| Telephone |  |
| Audit Language |  | |

**B. Details of verification requested**

|  |  |
| --- | --- |
| **Verification for CORSIA Project**  New verification (New entrant)  Continues verification | Annual CO2 emission from international flight less than 500,000 Tonnes  *\*Note: Materiality threshold of 5%* |
| Annual CO2 emission from international flight equal/greater than 500,000 Tonnes  *\*Note: Materiality threshold of 5%* |
| **Type of Fuel use**  Jet A/ Jet A-1  Jet B  AvGAs  CORSIA eligible fuels  (please complete item D ) | **Fuel Use Monitoring Methods**  Method A  Method B  Block-off/ Block-on  Fuel uplift  Fuel allocation with Block Hour  ICAO CORSIA CO2 Estimation and Reporting Tools (CERT) |

C**. Information for verification process**

|  |  |  |
| --- | --- | --- |
| 1.. Type of Project: | | |
|  | Sectoral Scope 11: Transportation (CORSIA) | |
|  | Sectoral Scope …….: ……………………………… | |
| 2. Title of registered project/program | | CORSIA |
| 3. Period of reporting | | 01.01.2023 – 31.12.2023 |
| 4. Level of assurance | | Reasonable |
| 5. Identification information for aeroplane operator (ICAO Designator/ AOC) | |  |
| 6. Please specify the ownership structure relative to any other aeroplane operators with international flight | |  |
| 7. Brief description of aeroplane operator’s operate on both owned and leased aeroplane | |  |
| 8. Brief description of aeroplane operator’s activities (e.g. schedule/non-schedule, passenger/ cargo/executive, geographic scope of operation) | |  |
| 9. Estimated number of international flight during monitoring/reporting year | |  |
| 10. Estimated fuel use for international flight during monitoring/reporting year (Tonnes) | |  |
| 11. Description of the means the aeroplane operation will use to track/documents each aeroplane operated and the specific flights of the aeroplane to ensure completeness of monitoring | |  |
| 12. List of State pairs | |  |
| 13. Does the aeroplane operator conducts any domestic flights and/or humanitarian, medical or firefighting international flights? If yes, please describe | | Yes  No |
| 14. Brief description how aeroplane operator manage data flow, data management process. | |  |
| 15. Have any modifications been made to the emission monitoring plan? If yes, please describe. | | Yes  Describe:  No |
| 16. Was a special computer software used for the calculation? If yes, please describe. | | Yes  Describe:  No |

**D. CORSIA eligible fuels**

|  |  |
| --- | --- |
| 1. Name of CORSIA eligible fuel producer and contact information |  |
| 1. Description of fuel production and fuel type |  |
| 1. Describe the evidence that fuel satisfies the CORSIA sustainability criteria |  |
| 1. Deadline for submission |  |

**E. Management system status**

|  |  |
| --- | --- |
| 1. Has your organization established documentation/procedures related to the flight operation, data management and IT system? | Yes  No |
| 1. Is your organization certified to any management system? | Yes  No  If yes, please clarify and state the Certification Body: |
| 1. Is there quality assurance or quality control implemented in your organization? | Yes  No  If yes, please clarify: |

**F. Timing and safety requirement**

|  |  |
| --- | --- |
| **Timing** | |
| 1. Proposed start date for the verification activities |  |
| 1. Propose date to complete the Emission Report |  |
| **Health and Safety** | |
| Are there any health and safety requirements for visiting the site? If yes, please give details. |  |

|  |  |
| --- | --- |
| Application Request for CORSIA Services completed by: |  |
| Any further information you think may be important for us?  *Example: language differences, safety conditions issue at your site, threats to impartiality, etc.* |  |
| **Verification on information provided**  I/We herewith confirm the completeness and accuracy of the information given above and in any annexes which may be attached. I/We agree that this information may be stored for the purposes of drafting quotation and processing any resulting order or transactions. | |
| Signature and Position: |  |
| Date: |  |

**G. Appendix**

|  |
| --- |
| List of requested documents (CORSIA - Verification) |
| The listed documentation is required before the desk review during the verification of a CORSIA project: |
| 1. Emissions Monitoring Plan (e.g. approved or not, data flow activities, specific conditions set out by the State, sufficient descriptions and explanations contained, meets requirements of Annex 16, Volume IV, potential modifications after approval); |
| 1. Draft an annual Emissions Report |
| 1. Operating environment of the aeroplane operator e.g.  * type of flights, * number of flights and aeroplane, * organizational structure, subsidiaries, * key commercial data such as growing or shrinking business, * web page information, * AOC, * technical details regarding internal and external database accesses; |
| 1. Communication Procedure related to aeroplane operator and State; |
| 1. Previous versions of Emissions Report and Verification Report; (if any) |
| 1. Share of reported emissions with an actual offsetting requirement. (if any) |
| 1. The internal control activities; |
| 1. The procedure/ Flow diagram of data flow activities; |
| 1. QMS or EMS or other management system certification, if CORSIA data and information is part of a certified management system; (If any) |
| 1. Internal audit reports; |
| 1. Result of data gaps; |
| 1. Procedure of operation related to data gathering and processing; |
| 1. Organization structure and responsibilities related to CORSIA activities.   (e.g. function, section, number of employee and etc.) |
| 1. Use of CORSIA eligible fuels; (if any) |
| 1. Voluntary pre-verification documentation. (if any) |

**To be filled by: NIOSH Certification - Contract reviewer**

|  |  |  |
| --- | --- | --- |
| Contract review (Preliminary) | | |
| **Issues for review and consideration.** | | |
| **Whether impartiality issues (including conflict of interest) are cleared in line with the ISO/IEC 17029:2019, ISO 14065:2020 and SARPs 2nd Edition July 2023, and no potential risk to impartiality** | There are no impartiality issues (including conflict of interest) that contravene the ISO/IEC 17029:2019, ISO 14065:2020 and SARPs 2nd Edition July 2023. | Yes  No |
| **Whether NIOSHCert has the competent personnel at the time of the proposed desk review and site visit to provide the requested services** | NIOSHCert has a team available that has the competence and ability to perform the verification function | Yes (To include Technical Expert with aviation background in the team.  No |
| **Whether the project falls within NIOSHCert’s accredited scopes** | NIOSHCert is accredited in the scope of the verification programme | Yes  No |
| **Whether NIOSHCert has necessary competence to take up the project** | Considerations of the validation/verification objectives, scope, criteria, level of assurance, materiality threshold, liability coverage  Considerations such as location(s) of the client organization's operations, time required to complete the project and any other issues influencing the validation/verification such as language, safety conditions, etc., have been taken into account | Yes  No |
| **Decision to prepare the strategic analysis and risk assessments** | | **Yes**  **No** |
| Application form checked by: |  | |
| Signature and Position: |  | |
| Date: |  | |

|  |  |
| --- | --- |
| **Decision to undertake the contract: Yes; No**  If “No”, please provide the justification: | |
| Reviewed & Approved by CTM: | **Signed:** |
| **Date:** |