|  |
| --- |
| 1. **Legal Information**
 |
| **Certified Organization** | Legal Name of Organization: |  |
| Address: |  |
| Contact Name: |  |
| Contact Email: |  |
| Scope Certificate number: |  |
| Scope Certificate Until: |  |
| **Beneficiary of the Requested Neutralization Certificate** (organization paying for the Neutralization services) | Legal Name of Organization: |  |
| Address: |  |
| Contact Name: |  |
| Contact Email: |  |
| 1. **Information about the Ocean Bound Plastic Neutralized**
 |
| 1. **Amount of OBP Neutralized in Metric Ton (MT)**

**XX.XXX MT** | 1. **Neutralization Period**

From DD/MM to DD/MM of YYYY |
| 1. **Category and type of OBP Neutralized**

**Type and Quantity in MT: MIXED XX.XXX****PET XX.XXX** | [ ]  **Potential OBP** (50 km from coastline) | **Type and Quantity in MT:** |
| E.g. Mixed | XX.XXX |
| E.g. PVC | XX.XXX |
|  |  |
| [ ]  **Waterways OBP** (200 m from riverbanks and in a river stream) | **Type and Quantity in MT:** |
| E.g. COMP | XX.XXX |
|  |  |
|  |  |
| [ ]  **Shoreline OBP** (200m from highest tide line towards the land and 100m from lowest tide line inside the sea | **Type and Quantity in MT:** |
| E.g. Mixed | XX.XXX |
| E.g. PET | XX.XXX |
|  |  |
| [ ]  **Fishing Material OBP** (Fishing gear and plastic caught by fishermen) | **Type and Quantity in MT:** |
| E.g. Mixed | XX.XXX |
| E.g. Other | XX.XXX |
|  |  |

|  |  |
| --- | --- |
| 1. **Source (location where OBP was collected) for Identity Preserved Supply Chain Model Only**
 | Specify Source if applicable |
| 1. **Approved Treatment process of collected OBP. If several treatments were applied to the lot indicate the quantity corresponding to each treatment type in Metric Ton.**
 | [ ]  **Waste to energy (please specify)** | Quantity in MT: XX.XXX |
|  | [ ]  **Disposal in a compliant landfill** | Quantity in MT: XX.XXX |
|  | [ ]  **Recycling** | Quantity in MT: XX.XXX |
|  | [ ]  **Other treatments****(please specify)** | Quantity in MT: XX.XXX |
| 1. **Documentary Evidences associated with this Request Form**
 |
| **No.** | **Document Description** | **Availability** | **Remarks** |
| **1.** | Financial arrangement with OBP Credit buyer | **[ ]  Yes** **[ ]  No** **[ ]  N/A** |  |
| **2.** | Invoices for OBP Credit sales | **[ ]  Yes [ ]  No [ ]  N/A** |  |
| **3.** | Itemized Summary of Collection and Approved Treatment for the OBP covered in this Request Form | **[ ]  Yes [ ]  No [ ]  N/A** |  |
| **4.** | Daily Collection / Purchase Records corresponding to the OBP covered in this Request Form | **[ ]  Yes [ ]  No [ ]  N/A** |  |
| **5.** | Records of Transport / proof of treatment by Approved Treatment facilities / sales documents | **[ ]  Yes [ ]  No [ ]  N/A** |  |
| **6.** | Records for transaction of OBP Material with Subcontractor(s) if applicable | **[ ]  Yes [ ]  No [ ]  N/A** |  |

|  |  |
| --- | --- |
| **Name of Authorized Signatory from the Applicant:**  |  |
| **Submission Date:** |  |
| **Signature and Company Stamp:** |  |