**GOLD STANDARD APPLICATION FORM FOR THE APPROVAL OF VALIDATION/VERIFICATION BODIES (VVBs)**

**SECTION 1. GENERAL INFORMATION**

|  |  |
| --- | --- |
| **Organization Details** | |
| Name of the Organization: |  |
| Address: |  |
| Tel: |  |
| Fax: |  |
| E-mail: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Designated Contact Person** | | | |
| Name: |  | Title: |  |
| Designation: |  | | |
| Contact Address: |  | | |
| E-mail: |  | | |
| Tel: |  | | |
| Fax: |  | | |

|  |
| --- |
| **Gold Standard Certification Pathways applied for (Yes/No)** *Please refer to Annex A of GS VVB Requirements Document for more information on the sectoral scopes and the type of activities covered.* |
| <Insert as per Annex A> |
| <Add as required> |

|  |  |
| --- | --- |
| **Type of Approval Sought (Yes/No)** | |
| First time approval |  |
| Re-approval |  |
| Scope extension |  |
| Re-submission for approval |  |

**SECTION 2.A ORGANIZATION DETAILS**

|  |  |
| --- | --- |
| **GS Recognized accreditation(s) held by the organization.** *Please refer to Annex A of GS VVB Requirements Document for more information on the accreditations currently recognized by Gold Standard. For accreditations not included in the list, please contact GS Secretariat.* | |
| Recognized accreditation(s) and Scopes | Evidence(s)  *Scanned copies can be attached as annexes to this application form* |
|  |  |
|  |  |
| *Please add more rows is required.* | |

|  |
| --- |
| **Total number of auditors currently employed for each of the above stated accreditation(s) and scope(s) applied for.** |
|  |

|  |
| --- |
| **Period for which the organization has offered validation/verification services for each of the above stated accreditation(s) and scope(s).** |
|  |

**SECTION 2.B. STRUCTURE AND COMPETENCE**

|  |  |
| --- | --- |
| **Provide details of the auditor’s competency and eligibility for carrying our Gold Standard Validation(s) /Verification(s) for each of the above selected scope(s).** *Please refer to Section 3.2(c) of GS VVB Requirements Document for more information on the eligibility criteria for auditors (copy further as required)* | |
| Name |  |
| Position |  |
| Experience | *Please refer to Section 3.9 of GS VVB Requirements Document for more information* |
| Evidence(s) | *Scanned copies of CVs can be attached as annexes to this application form* |
| List of GS Trainings/ Webinars attended |  |

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Experience |  |
| Evidence(s) |  |
| List of GS Trainings/ Webinars attended |  |

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Experience |  |
| Evidence(s) |  |
| List of GS Trainings/ Webinars attended |  |

|  |  |
| --- | --- |
| **Provide details of the external subcontractors/individual expert’s competency for carrying our Gold Standard Validation(s) /Verification(s) for each of the above selected scope(s).** *Please refer to Section 3.2(c) of GS VVB Requirements Document for more information on the eligibility criteria for auditors (copy further as required)* | |
| Name |  |
| Position |  |
| Experience | *Please refer to Section 3.10 and Section 3.11 of GS VVB Requirements Document for more information* |
| Evidence(s) | *Scanned copies of CVs/agreements signed with the subcontractors/individual experts can be attached as annexes to this application form* |
| List of GS Trainings/ Webinars attended |  |

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Experience |  |
| Evidence(s) |  |
| List of GS Trainings/ Webinars attended |  |

|  |
| --- |
| **Provide details to demonstrate that the team structure put forward has the necessary capacity and resilience to maintain its ability to audit GS projects.** *For example is the team resilient to changes in staffing and has the necessary resource and backing to see through proposed workload.* |
|  |

**SECTION 3. DECLARATION**

|  |  |
| --- | --- |
| **Upon approval, the applicant agrees to comply with Gold Standard Certification Procedures and Requirements for** **Validation/Verification Bodies (VVBs).**  **I enclose an application fee and understand that this fee is not refundable.**  **I understand the manner in which the accreditation system operates and its functions and confirms adherence to the Gold Standard principles (as laid down in ‘Gold Standard Certification Procedures and Requirements for Validation/Verification Bodies’ and ‘Gold Standard for the Global Goals Principles and Requirements’.**  **I declare that the information given in this application is correct to the best of my knowledge and belief. I undertake to inform the Gold Standard secretariat immediately of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to the Gold Standard secretariat in accordance with the procedures for accreditation.**  **I also declare that there is no conflict of interest with Gold Standard or any Gold Standard project.** | |
| Signature: |  |
| Name of the authorized signatory: |  |
| Position: |  |
| Date: |  |
| Place: |  |

**ANNEX 1:** Please attach documents as necessary

**ANNEX 2:** Please attach documents as necessary