

**CERTIFICATE OF INSPECTION (COI) REQUEST**

<b>Operator's name</b>	
<b>Operator's code</b>	
Date of export/ shipment	

**Border control post** -  **Point of release for free circulation** (box 10)

Name		Code	
Address			

<b>First consignee in the Union</b> (box 24)		<b>Importer</b> (box 12)	
Name		Name	
Address		Address	
Code		EORI	

**Product Information** (box 13) – (add as many rows as the number of products per lot and supplier)

CN code	Trade name	Lot number	Type of packages	Number of packages	Net weight (kg)	Organic status

<b>Total gross weight</b> (box 16 )	
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**Container information** (box 14 & 15) - (add as many rows as the number of containers)

Container number		Seal number	
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**Primary Production** (box 4)

Self-produced (*skip section*) /  Supplied

Product	Lot number	Operator's name	Country of origin	CB name	CB code

**Product preparation** (box 4) - (processing or preserving)

Self-prepared (*skip section*) /  Supplied

Product	Lot number	Operator's name	Country of origin	CB name	CB code

**Means of transport** (box 17)

Vessel    Road vehicle    Airplane    Railway   Transport document: \_\_\_\_\_

Are the exported products invoiced to the importer by a third party trader?  Yes -  No

**6 Documentation** (box 19)

<input type="checkbox"/> Commercial invoice	<input type="checkbox"/> Massbalance & Traceability document	<input type="checkbox"/> Phytosanitary certificate	<input type="checkbox"/> Transaction certificate(s)
<input type="checkbox"/> Lab report(s)	<input type="checkbox"/> Bill of lading/ CMR / Air waybill	<input type="checkbox"/> Supplier(s) invoice(s)	<input type="checkbox"/> Supplier(s) certificate(s)
<input type="checkbox"/> Other:			

**Declaration:**

I hereby declare that all information given in this form is true, accurate, and can be verified at any time. I also declare that I will provide any further information required for the issuance of the Certificate of Inspection if requested so by A CERT. I accept the corresponding fees charged by A CERT for the issuance of the Certificate of Inspection.

\_\_\_\_\_ DATE

\_\_\_\_\_ NAME, SIGNATURE, STAMP

**TO BE FILLED BY A CERT CERTIFICATION DEPARTMENT**

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**Evaluation of the COI Request**

<b>Evaluation results</b>	<input type="checkbox"/> Accepted	<input type="checkbox"/> Insufficient information	<input type="checkbox"/> Insufficient documentation	<input type="checkbox"/> Rejected
Explanation <i>(if not accepted)</i>				

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DATE

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NAME, SIGNATURE