

Energimyndigheten
Box 310
SE-631 04 Eskilstuna

**Application for Authorization of an Entity Intending to Generate
Internationally Transferred Mitigations Outcomes in a Host Country
for Sale within a Cooperative Approach**
(according to §§ 5-6 STEMFS 2024:2)

Entity

Name/Title of the Entity	
Authorized Signatory (proof attached)	Representative, if any (power of attorney attached)
Host Country (according to § 2 STEMFS 2024:2)	

Contact Information

Name	
Address	
Postal address	
Telephone Number	Email

Authorization by the Host Country

<input type="checkbox"/> Yes (attached), date:
<input type="checkbox"/> No, state reason below
State reason why the authorization is missing

Signature of Authorized Signatory/Representative

Place, Date
Signature
Name in Block Letters