
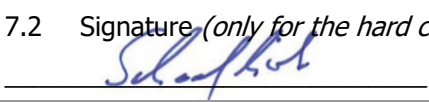
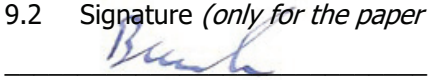


<b>1. Name and address of the certifying organisation</b> 1.1 Name: GZQ GmbH 1.2 Street: Sulzbachtalstraße 131 1.3 Country: Germany Federal province: Saarland Postal code: 66125 Place: Saarbrücken		<b>2.</b> 
<b>3. Particulars of the certificate</b> 3.1 Certificate number (to be assigned by the certifying organisation): <u>99/01/096</u> 3.2 First-time certification <input type="checkbox"/> or follow-up certification <input checked="" type="checkbox"/> 3.3 Reference number (if issued by the authorities): <u>ZZKT001001293003</u> 3.4 The certificate encloses <u>1</u> appendix(es). 3.5 <input type="checkbox"/> The certificate is issued only for a specific operating unit (see appendix(es) _____) 3.6 <input type="checkbox"/> The certificate is issued only for specific types of waste, activities or locations (see appendix(es) _____). 3.7. The certificate is valid till <u>20.04.2022</u>		
<b>4. Name and address of the waste management facility (Head Office):</b> 4.1 Name: <u>Kloiber GmbH</u> 4.2 Street: <u>Gewerbering 28</u> 4.3 Country: <u>DE</u> Federal province: <u>BY</u> Postal code: <u>85238</u> Place: <u>Petershausen</u> 4.4 Entry in the Commercial Register, Register of Associations or Register of Cooperatives (if an entry has been made): Registration number (HRA, HRB etc.): <u>HRB 81912</u> Registration Court: <u>AG München</u>		
<b>5. The facility is entitled, with regard to the locations, activities and types of waste mentioned in the appendix to this certificate, to use the monitoring symbol of the above-mentioned technical monitoring organisation or waste management association and the title</b> <p style="text-align: center;"><b>“Waste Management Facility”</b></p> as per § 56 of the Waste Management and Product Recycling Act in conjunction with the Waste Management Facility		
<b>6. Inspection date:</b> <u>21.10.2020</u>	<b>7. Assessor, who carried out the inspection:</b> 7.1 Name: <u>Schaafhirt</u> First name: <u>Axel</u> 7.2 Signature (only for the hard copy): 	
<b>8. Date of issue:</b> <u>11.11.2020</u>	<b>9. Manager of the certifying organisation:</b> 9.1 Name: <u>Busch</u> First name: <u>Martin</u> 9.2 Signature (only for the paper version): 	

**Appendix 1 to the GZQ-certificate with the number ZZKT001001293003 / 99/01/096**

Name of the waste management facility Kloiber GmbH

**1. Location (in case of multiple locations, please fill out one appendix for each location):**

- 1.1 Name of the location: Kloiber GmbH  
 1.2 Street: Gewerbering 28  
 1.3. Country: DE Federal province: BY Postal code: 85238 Place: Petershausen

**2. Certified activity**

- In case of multiple activities, please fill out a separate appendix for each activity, if it does not concern the same types of waste.
- Please always tick the treatment activity along with the recycling and/ or disposal activity.
- Please always tick the storage activity along with the recycling and/ or disposal activity.

- |   |  |
|---|--|
| 2.1 Collection <input checked="" type="checkbox"/>                  | ID No. as per § 28 of the NachwV (Directive on Proof of Recycling and Disposal): <u>I174T01123</u> |
| 2.1.1 across Germany only <input type="checkbox"/>                  | <input type="checkbox"/>   |
| 2.1.2 worldwide <input checked="" type="checkbox"/>                 | <input checked="" type="checkbox"/>  |
| 2.2 Transport <input checked="" type="checkbox"/>                   | ID No. as per § 28 of the NachwV: <u>I174T01123</u>  |
| 2.2.1 across Germany only <input type="checkbox"/>                  | <input type="checkbox"/>   |
| 2.2.2 worldwide <input checked="" type="checkbox"/>                 | <input checked="" type="checkbox"/>  |
| 2.3 Storage <input type="checkbox"/>                                | ID No. as per § 28 of the NachwV: _____  |
| 2.3.1 for processing (No. 2.5) <input type="checkbox"/>             | <input type="checkbox"/>   |
| 2.3.2 for disposal (No. 2.6) <input type="checkbox"/>               | <input type="checkbox"/>   |
| 2.4 Treatment <input type="checkbox"/>                              | ID No. as per § 28 of the NachwV: _____  |
| 2.4.1 for processing (No. 2.5) <input type="checkbox"/>             | <input type="checkbox"/>   |
| 2.4.2 for disposal (No. 2.6) <input type="checkbox"/>               | <input type="checkbox"/>   |
| 2.5 Processing <input type="checkbox"/>                             | ID No. as per § 28 NachwV: _____   |
| <input type="checkbox"/> preliminary <input type="checkbox"/> final | <input type="checkbox"/>   |
| 2.5.1 Preparation for recycling <input type="checkbox"/>            | <input type="checkbox"/>   |
| 2.5.2 Recycling <input type="checkbox"/>                            | <input type="checkbox"/>   |
| 2.5.3 Other processing <input type="checkbox"/>                     | <input type="checkbox"/>   |
| 2.6 Disposal <input type="checkbox"/>                               | ID No. as per § 28 of the NachwV: _____  |
| <input type="checkbox"/> preliminary <input type="checkbox"/> final | <input type="checkbox"/>   |
| 2.7 Action <input type="checkbox"/>                                 | ID No. as per § 28 of the NachwV: _____  |
| 2.7.1 across Germany only <input type="checkbox"/>                  | <input type="checkbox"/>   |
| 2.7.2 worldwide <input type="checkbox"/>                            | <input type="checkbox"/>   |
| 2.8 Swap <input type="checkbox"/>                                   | ID No. as per § 28 of the NachwV: _____  |
| 2.8.1 across Germany only <input type="checkbox"/>                  | <input type="checkbox"/>   |
| 2.8.2 worldwide <input type="checkbox"/>                            | <input type="checkbox"/>   |

**3. Description of the waste management activity, particularly the facility (in case of multiple technical facilities, please fill out a separate appendix for each facility):**

Haulier

**4. Type of waste as per the annex to the Ordinance on the List of Wastes (AVV):**

- 4.1 all types of waste   
 4.2 all non-hazardous waste   
 4.3 all hazardous waste   
 4.4 specific types of waste

Waste codes (if required, enter with "*" )	Waste description	Restrictions/ Remarks
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