**Suggested template letter of access for Article 95 of the BPR (complete substance dossier)**

*Please note that any final decision taken by ECHA on a submission for inclusion on the Article 95 list based on a letter of access will be conditional upon the letter of access being valid, with all access rights covered therein approved by the data owner(s). Should the data owner(s) challenge the inclusion of a company on the list on the grounds that the letter of access is not valid, ECHA reserves the right to remove that company from the list.*

European Chemicals Agency

Annankatu 18

P.O. Box 400

00121 Helsinki

Finland

[*Date*]

Dear Sir or Madam,

**LETTER OF ACCESS FOR THE PURPOSES OF ARTICLE 95(1) OF THE BIOCIDAL PRODUCTS REGULATION (EU) 528/2012**

[*Name of Article 95 applicant*] wishes to apply for inclusion as [*indicate role: substance supplier and/ or product supplier*] for the relevant substance [*add name of relevant substance*] in product-type [*add product-type number(s)*] in accordance with Article 95(1) of the Biocidal Products Regulation (EU) No 528/2012.

On behalf of [*name of entity which has the right to grant a LoA to the complete substance dossier*] I hereby authorise ECHA to use all the data in the complete substance dossier for the above-mentioned relevant substance in product-type [*add product-type number(s)*] submitted by [*name of the entity supporting the approval of the active substance/PT*, *normally the same entity granting the LoA*] and accepted as complete by the Competent Authority in [*name of Member State whose CA evaluated the dossier*] in support of the application from [*name of the Article 95 applicant*].

[*Name of the entity granting the LoA*] acknowledges the consequential rights under Article 95(4) of the Biocidal Products Regulation (EU) No 528/2012.

I hereby declare that [*name of the entity granting the LoA*] has the right to grant the above-mentioned access to the data in the complete substance dossier.

This letter of access shall be effective as of [*insert date*].

Yours faithfully,

[*name and signature of person authorised to sign on behalf of the grantor*]

|  |  |
| --- | --- |
| Data owner:  | Beneficiary company:  |
| Department: | Department: |
| Contact person:  | Contact person: |
| Address: | Address: |
| Phone:  | Phone: |
| E-mail:  | E-mail: |