

APPLICATION FOR ACCREDITATION OF VERIFIER OF OFFSET PROJECT DATA REPORTS

NOTE: Refer to the attached instructions for completing this form.

FOR OFFICIAL USE ONLY (CARB Staff)

| | | |
|--|----------------|------------------|
| CARB ID Number: | Date Received: | Date Complete: |
| Date Additional Information Requested: | Date Approved: | Expiration Date: |
| CARB Issued Accreditation Number: | | |

PART I: GENERAL INFORMATION

APPLICATION TYPE-ACCREDITATION SOUGHT

Indicate below what type of accreditation you are seeking. Each applicant must provide additional information as an attachment. See instructions for more information.

- Offset Verifier-New Applicant (do not complete Part II.B.)
- Lead Offset Verifier-New Applicant (complete all Parts)
- Lead Offset Verifier–Upgrade from Offset Verifier (do not complete Part III.)
- Additional Offset Project Specialist Accreditation(s) (do not complete Part II.)

Applicant's Name (accreditation to be issued under this name):

Employer/Affiliation:

Mailing Address:

City:

State, Zip Code, Country:

Street Address (if different from above):

City:

State, Zip Code, Country:

Office Telephone Number:

Cell Telephone Number:

E-Mail Address:

Current Accreditation Under COP:

Is applicant currently accredited as a verifier in CARB's Compliance Offset Program?

- Yes
- No

Executive Order Number:

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Current Accreditation Under MRR:

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| Is applicant currently accredited as a verifier in CARB's Mandatory Reporting Program? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Executive Order Number: |

PART II: DOCUMENTATION OF EDUCATION AND EXPERIENCE

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|---|
| A. ALL VERIFIERS —95132(b)(3) <input type="checkbox"/> Education (diploma is attached) <input type="checkbox"/> Relevant Experience (description of relevant experience is attached) |
| B. LEAD VERIFIERS ONLY -95132(b)(2) <input type="checkbox"/> GHG or other air emissions inventories (documentation of 4 years of experience is attached) <input type="checkbox"/> Lead environmental data or financial auditor (documentation of 4 years of experience is attached) <input type="checkbox"/> Currently Accredited CARB Verifier or Lead Verifier under CARB's Compliance Offset Program and/or CARB's Mandatory Reporting Program (documentation of 2 years of experience and at least three completed verifications is attached, including for each verification (a) the Facility/Project name, (b) the CARB ID# for Facility/Project, (c) the Year or Reporting Period verified, and (d) details about verification activities performed) |

PART III: OFFSET PROJECT SPECIFIC VERIFIER-95132(b)(5)(B)

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|---|
| Indicate below for what project type(s) you are seeking accreditation. Check all applicable boxes. All applicants must provide additional information as an attachment. See instructions for more information. <input type="checkbox"/> Livestock Project Specialist <input type="checkbox"/> Rice Cultivation Project Specialist <input type="checkbox"/> Mine Methane Capture Project Specialist <input type="checkbox"/> U.S. Forest Project Specialist <input type="checkbox"/> Ozone Depleting Substances Project Specialist <input type="checkbox"/> Urban Forest Project Specialist |
| Summary of experience for Livestock Project Specialist: |
| Summary of experience for Mine Methane Capture Project Specialist: |
| Summary of experience for Ozone Depleting Substances Project Specialist: |

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Summary of experience for Rice Cultivation Project Specialist:

Summary of experience for U.S. Forest Project Specialist:

Summary of experience for Urban Forest Project Specialist:

PART IV: OTHER

Add additional information to explain any responses that need clarification. Attach additional sheets as needed.

PART V: SIGNATURE BLOCK

In signing this application, I certify under penalty of perjury of the laws of the State of California that the information contained in this application is true, accurate and complete.

Signature:

Date Signed:

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INSTRUCTIONS

WHERE TO SUBMIT INFORMATION CONTAINED IN THIS FORM

This application may be used for prescreening of verifiers that wish to provide verification services for verifying Offset Project Data Reports. Fill out all applicable parts of this application, attach the required documentation and send to:

Offset Verification Staff (CCPEB)
Air Resources Board
Mail Stop 6B
PO Box 2815
Sacramento, CA 95812

Alternatively, the form may be completed, signed, and scanned. The electronic copy of the completed form and all supporting documentation may be emailed to ghgoffsetverification@arb.ca.gov to speed the application process. However, the Executive Officer will not accredit the verifier until a hard copy of the information contained in this application with applicant's actual signature (no electronic signature) is on file at CARB. The signed information must be mailed to the address above.

Additional information, as indicated below, is required to be submitted with the above information and should be on 8 ½ X 11 inch paper.

If you have questions regarding the completion of this form, email ghgoffsetverification@arb.ca.gov for assistance. You can download this form from the CARB website at:
<https://ww2.arb.ca.gov/our-work/programs/compliance-offset-program/offset-program-forms>.

Within 90 days of receiving your application for accreditation, CARB will notify you in writing that your application is complete or that your application requires additional specific information to be complete. Within 45 days of completing all regulatory requirements, the Executive Officer shall issue an Executive Order granting or withholding accreditation.

DETAILED INSTRUCTIONS FOR FILLING OUT THE APPLICATION

PART I: GENERAL INFORMATION

- Application Type-Accreditation Sought: Indicate the type of verifier (lead or general) for which the applicant is seeking verification accreditation or indicate that the applicant is seeking an upgrade to lead verifier or adding an additional project specialist accreditation.
- Applicant's Name: List the applicant's name, including both first and last names, as it is to be listed on the Executive Order accrediting the applicant.
- Employer/Affiliation: Provide the applicant's employer or professional/contractual affiliation.
- Mailing Address: Provide the address, city, state, zip code and country.
- Street Address: Provide the street address if different from the mailing address. Leave blank if the same.
- Office Telephone Number: Provide the applicant's business office phone number. (NOTE: CARB currently lists this number on its webpage for accredited verifiers.)

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- Cell Telephone Number: Provide the applicant's cell phone number. (Note: This number is *not* listed on CARB's webpage for accredited verifiers.)
- E-mail Address: Provide the applicant's e-mail address. (Note: CARB currently lists this address on its webpage for accredited verifiers.)
- Current Accreditation Under COP: Indicate whether the applicant is accredited as a verifier under CARB's Compliance Offset Program for greenhouse gas emissions. If the applicant is accredited, also provide the number of the CARB Executive Order accrediting the applicant. If not credited, leave this field blank.
- Current Accreditation Under MRR: Indicate whether the applicant is accredited as a verifier under CARB's Mandatory Reporting Program for greenhouse gas emissions. If the applicant is accredited, also provide the number of the CARB Executive Order accrediting the applicant. If not credited, leave this field blank.

PART II: DOCUMENTATION OF EDUCATION AND EXPERIENCE

A. ALL VERIFIERS

All applicants are asked to provide a photocopy of your diploma (if applicable), along with a resume or curriculum vitae describing your work experience in a related field.

B. LEAD VERIFIERS ONLY - EVIDENCE OF EXPERIENCE-95132(b)(2)

Applicants for Lead verifier

Provide evidence that you have worked as a project manager or lead person for not less than four years, of which two may be graduate level work, in the development of GHG or other air emission inventories. Attach documentation that includes dates, skills, and responsibilities for each project or employment position.

OR

Provide evidence that you have worked as a project manager or lead person for not less than four years, of which two may be graduate level work, as a lead environmental data or financial auditor in the private sector. Attach documentation that includes dates, skills, and responsibilities for each project or employment position.

OR

Indicate you are a lead verifier under the Mandatory Reporting Program or provide evidence that you have worked as an CARB-accredited verifier under the Compliance Offset Program or the Mandatory Reporting Program for at least two years, and during that time have participated in at least three completed verifications. Attach documentation that lists the verifications including the project or facility name, the CARB ID number, the reporting period or year verified, and duties performed.

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PART III: OFFSET PROJECT SPECIFIC ACCREDITATION 95132(b)(5)(B)

Provide a summary on the form and attach evidence (a resume) of two years of professional experience related to the project type(s) in which you are seeking accreditation. Attach documentation that includes dates, skills, and responsibilities for each project or employment position.

PART IV: OTHER

Add additional information to explain any responses that need clarification.

PART V: SIGNATURE BLOCK

Sign and date the information submitted. When submitting revised information, update the date accordingly.

NOTE: The CARB Executive Officer may request additional information or documentation from an applicant or other persons or entities regarding the applicant's fitness for qualification after receipt of the application materials.

If you require a special accommodation or need this information in an alternate format or language, contact ghgoffsetverification@arb.ca.gov or call 916-327-8228 as soon as possible.

TTY/TDD/Speech to Speech users may dial 711 for the California Relay Service.