

**APPLICATION FOR ACCREDITATION OF VERIFICATION BODIES FOR LOW CARBON FUEL STANDARD (LCFS) APPLICATIONS AND REPORTS**

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Please refer to the attached instructions for completing this form, and definitions of terms.

**PART I: GENERAL INFORMATION**

1. Accreditation to be Issued to (Verification Body Name):	
2. Type of Organization:	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Other:
3. Mailing Address (street number and street name):	
City:	State:
Zip Code:	Country:
4. Physical Address (if different from above):	
5. Contact Name and Title:	6. Contact Email Address:
7. Contact Telephone Number:	8. Contact Fax Number:
9. Federal Employer Identification Number:	10. Organization's Verification Website Address:

**PART II: ADDITIONAL INFORMATION**

**A. STAFF INFORMATION**

For this section, review the instructions on page 4, and attach the required documentation.

Staff Name	Staff Duties
1.	
2.	
3.	
4.	
5.	

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**B. JUDICIAL PROCEEDINGS, ENFORCEMENT ACTIONS, OR ADMINISTRATIVE ACTIONS EXPLANATION**

Has the Verification Body had any judicial proceedings, enforcement actions, or administrative actions filed against it in the previous five years?

Yes, if yes, attach a list of each proceeding/action and include the date it occurred, the court or administrative body that handled the matter, and a brief description of the matter.

No

**C. LIST OF ATTACHMENTS**

All items listed below are required with this application. This checklist is provided to remind the applicant of the requirements. (All boxes should be checked and documentation attached.)

Professional Liability Insurance

Judicial Proceedings, Enforcement Actions, or Administrative Actions Explanation

Staff Technical Training

**Methods to Prevent Conflict of Interest:**

Identification of Services

Internal Conflict of Interest Policy

Organization Chart

**D. IDENTIFY THE TYPES OF REPORTS THE VERIFICATION BODY IS REQUESTING ACCREDITATION FOR**

Alternative Fuels	Yes	No
Alternative Fuel Pathway Applications and Reports	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly Fuel Transactions Reports for Alternative Fuels	<input type="checkbox"/>	<input type="checkbox"/>
Petroleum-Based Fuels	Yes	No
Quarterly Fuel Transactions Reports for Petroleum-Based Fuels	<input type="checkbox"/>	<input type="checkbox"/>
Crude Oil Quarterly & Annual Volume Reports	<input type="checkbox"/>	<input type="checkbox"/>
Low-Complexity/Low-Energy-Use Refinery Reports	<input type="checkbox"/>	<input type="checkbox"/>
Project Reports (Excludes CCS)	Yes	No
Refinery Investment Project Reports	<input type="checkbox"/>	<input type="checkbox"/>
Innovative Crude Project Reports	<input type="checkbox"/>	<input type="checkbox"/>
Renewable Hydrogen Project Reports	<input type="checkbox"/>	<input type="checkbox"/>

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<b>Carbon Capture and Sequestration (CCS)</b>	<b>Yes</b>	<b>No</b>
CCS with an Alternative Fuel Pathway Application or Report	<input type="checkbox"/>	<input type="checkbox"/>
CCS with a Petroleum-Based Fuel Project Report	<input type="checkbox"/>	<input type="checkbox"/>
CCS Direct Air Capture Project Report	<input type="checkbox"/>	<input type="checkbox"/>

**E. ARE THE TEMPLATES FOR RISK ASSESSMENT, SAMPLING, AND LOG OF ISSUES FOR EACH VALIDATION/VERIFICATION TYPE, AS SPECIFIED IN 95500, INCLUDED?**

<b>Alternative Fuels</b>	<b>Yes</b>	<b>No</b>
Alternative Fuel Pathway Applications and Reports	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly Fuel Transactions Reports for Alternative Fuels	<input type="checkbox"/>	<input type="checkbox"/>
<b>Petroleum-Based Fuels</b>	<b>Yes</b>	<b>No</b>
Quarterly Fuel Transactions Reports for Petroleum-Based Fuels	<input type="checkbox"/>	<input type="checkbox"/>
Crude Oil Quarterly & Annual Volume Reports	<input type="checkbox"/>	<input type="checkbox"/>
Low-Complexity/Low-Energy-Use Refinery Reports	<input type="checkbox"/>	<input type="checkbox"/>
<b>Project Reports (Excludes CCS)</b>	<b>Yes</b>	<b>No</b>
Refinery Investment Project Reports	<input type="checkbox"/>	<input type="checkbox"/>
Innovative Crude Project Reports	<input type="checkbox"/>	<input type="checkbox"/>
Renewable Hydrogen Project Reports	<input type="checkbox"/>	<input type="checkbox"/>
<b>Carbon Capture and Sequestration (CCS)</b>	<b>Yes</b>	<b>No</b>
CCS with an Alternative Fuel Pathway Application or Report	<input type="checkbox"/>	<input type="checkbox"/>
CCS with a Petroleum-Based Fuel Project Report	<input type="checkbox"/>	<input type="checkbox"/>
CCS Direct Air Capture Project Report	<input type="checkbox"/>	<input type="checkbox"/>

**PART III: SIGNATURE**

In signing this application, I certify under penalty of perjury under the laws of the State of California that the information contained in this application is true, accurate, and complete. If I am not personally listed as the applicant on this form, I further certify that I am duly authorized to represent and legally bind the applicant on all matters related to accreditation of the applicant as a verification body.

Signature:	Printed Name:
Title:	Date:

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### INSTRUCTIONS

This accreditation application is used for prescreening verification bodies that wish to provide LCFS verification services. All applications must be filled out completely and the required documentation must be attached. The form should be completed on a computer, signed, scanned, and returned by email with all supporting documentation to [lcsverify@arb.ca.gov](mailto:lcsverify@arb.ca.gov).

If you have questions regarding the completion of this form, please contact [lcsverify@arb.ca.gov](mailto:lcsverify@arb.ca.gov) for assistance. You can download this form from the CARB website at: <https://ww2.arb.ca.gov/lcfs-verification>

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. You will be notified if your accreditation is approved or if additional information is required.

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.

#### PART I: GENERAL INFORMATION:

1. Accreditation to be Issued to: List your organization's name as it is to be listed on the Executive Order granting accreditation. The organization must be a legal entity.
2. Type of Organization: Check the appropriate box. Describe if "Other."
3. Mailing Address: Provide the address, city, state, zip code and country.
4. Physical Address: Provide the physical address if different from the mailing address.
5. Contact Name and Title: Provide the name and title of your authorized contact. Your authorized contact is the person you authorize to represent your organization and is not required to be an accredited LCFS verifier.
6. Contact Email Address: Provide the contact's email address.
7. Contact Telephone Number: Provide the contact's daytime telephone number.
8. Contact Fax Number: Provide the contact's fax number.
9. Federal Employer Identification Number: Provide your company's Federal Employer Identification Number.
10. Business Website Address: Provide the link to your company's website address that includes information about verification and related services.

#### PART II: ADDITIONAL INFORMATION

- A. Verification Staff Information: Provide a list of the employees and subcontractors that will participate in verification services on behalf of the verification body. Briefly list each individual's duties (e.g., general verifier, lead verifier, administrative staff, verifier-in-training, or technical specialist). For individuals accredited by CARB, provide the respective accreditation types and accreditation numbers. For individuals that are not accredited by CARB, attach a description of each person's qualifications and include the following documentation: education, experience, professional licenses, and other pertinent information (e.g., training). If more space is needed, attach a complete list of name and duties.

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Note: A verification body must employ at least two verifiers that have been accredited as lead verifiers as specified in title 17, section 95502(b), which references MRR section 95132(b)(1), and at least five total full-time staff. If these or any other requirements are no longer met, the verification body must notify CARB within 30 days and may request additional time to hire additional staff to meet the requirements of this section.

- B. Judicial Proceedings, Enforcement Actions, or Administrative Actions Explanation: Attach a list of any judicial proceedings, enforcement actions, or administrative actions that has been filed against your verification body within the previous five years. Include the date the proceeding/action was taken, the name of the court or administrative body that handled the matter, and a brief explanation as to the nature of each proceeding or administrative action. Include documentation to substantiate your explanation.
- C. List of Attachments: The verification body must attach documentation for each item on the list.
1. Professional Liability Insurance: Documentation of professional liability insurance must be attached.
  2. Staff Technical Training: The verification body must provide a demonstration that the body has procedures or policies to support and maintain records of staff technical training as it relates to verification, including CARB verifier training, on an ongoing basis.
  3. Judicial proceedings, enforcement actions or administrative actions explanation as described above.
  4. Mechanisms to Prevent Conflict of Interest (COI): The verification body must provide documentation to demonstrate that it has mechanisms in place to prevent conflicts of interest, and to identify and resolve potential conflict of interest situations if they arise. For this application, the verification body must provide the following information:
    - Identification of services provided by the verification body, the industries that the body serves, and the countries where those services are provided;
    - A detailed organization chart that includes the verification body, its management structure and any related entities;
    - The verification body's internal conflict of interest policy that identifies incompatible activities and limits to monetary or non-monetary gifts that apply to all employees and subcontractors, and its procedures to monitor, assess, and notify CARB of potential conflicts of interest listed in section 95503.
- D. Identify the Types of Reports the Verification Body is Requesting Accreditation for: Complete the tables by answering yes or no to whether the verification body is requesting accreditation.
- E. Are the Templates for Risk Assessment, Sampling, and Log of Issues for each Validation/Verification Project Type, As Specified in section 95500 Included? Answer yes or no for each line item in the tables provided.

**PART III: SIGNATURE**

Provide your authorized contact's name, signature and title, and document the date of signature. Electronic signature is acceptable.

Note: If you require a special accommodation or need this information in an alternate format or language, please contact [lcsverify@arb.ca.gov](mailto:lcsverify@arb.ca.gov) as soon as possible. TTY/TDD/Speech to Speech users may dial 711 for the California Relay Service.