

**LCFS VERIFICATION STATEMENT**

For assistance completing or submitting this report, contact [LCFSVerify@arb.ca.gov](mailto:LCFSVerify@arb.ca.gov).

**PART I: LCFS DATA REPORT INFORMATION**

Name of Applicant/Regulated Entity:	Report Type:
Data Quarter or Data Year:	FEIN Number/Company ID:
Facility Name, if applicable:	Facility ID, if applicable:

**PART II: VERIFICATION BODY INFORMATION**

Verification Body Name:
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**PART III: VERIFICATION STATEMENT INFORMATION**

<p>1. This verification statement attests that the reported values are (select one):</p> <p><input type="checkbox"/> Reasonably assured of being free of material misstatement</p> <p><input type="checkbox"/> Not reasonably assured of being free of material misstatement</p> <p><input type="checkbox"/> Material misstatement assessment is not applicable for the report type.</p>
<p>2. This verification statement attests that (select one):</p> <p><input type="checkbox"/> The reported values are reasonably assured of being in conformance with the regulation.</p> <p><input type="checkbox"/> The reported values may include one or more nonconformance(s) with the regulation which do not result in a material misstatement or a failure to fix correctable errors pursuant to §95501(b)(6)</p> <p><input type="checkbox"/> The reported values are not reasonably assured of being in conformance with the regulation, including not in conformance with §95501(b)(6): failure to correct data errors discovered during data checks.</p>
<p>3. As a result of the selections above, the final verification statement is (select one):</p> <p><input type="checkbox"/> Positive: Reported values are reasonably assured to be free of material misstatement, when applicable, and reasonably assured to be in conformance with the regulation</p> <p><input type="checkbox"/> Qualified Positive: Reported values are reasonably assured to be free of material misstatement, when applicable, but may include one or more other nonconformance(s) with the regulation which do not result in a material misstatement or a failure to fix correctable errors pursuant to §95501(b)(6).</p> <p><input type="checkbox"/> Adverse: Reported values are not in conformance with §95501(b)(6) and/or not reasonably assured to be free of material misstatement.</p>

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**PART IV: QUALIFYING STATEMENT**

Provide the Qualifying Statement below (required for qualified positive or adverse statements):

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**PART V: SIGNATURES**

As the lead verifier for this verification, I certify under penalty of perjury under the laws of the State of California that the verification team has carried out all verification services as required by the Low Carbon Fuel Standard (LCFS) Regulation (title 17, California Code of Regulations, §95480-95503).

Signature of Lead Verifier:	Printed Name:
Title:	Date:

As the independent reviewer, I certify under penalty of perjury under the laws of the State of California, that I have conducted an independent review of the verification services and findings on behalf of the verification body as required by the Low Carbon Fuel Standard (LCFS) Regulation (title 17, California Code of Regulations, §95480-95503), and that the findings are true, accurate and complete.

Signature of Independent Reviewer:	Printed Name:
Title:	Date:

As the verification body representative, I concur with the verification opinion rendered in this LCFS Validation/Verification Statement, and I certify that I am duly authorized to represent and legally bind the LCFS Verification Body on all matters related to this form.

Signature of Verification Body Representative:	Printed Name:
Title:	Date:

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### INSTRUCTIONS

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#### WHERE TO SUBMIT THE FORM

Complete the form on your computer, then print, sign and scan the form. The completed signed form should be uploaded via the LCFS Verification On-Line Tool. Name the document to indicate what is being submitted, Verification Statement, the entity's FEIN or entity's Company ID and Facility ID, and the data year. Example Document Name: Verification Statement-XXXXX-2020. This form is available from the CARB website at <https://ww2.arb.ca.gov/lcfs-verification>.

#### PART I: LCFS DATA REPORT INFORMATION

Enter information for the applicant/regulated entity and data quarter or data year. "Data Year" for a Fuel Pathway Application is the year in which the application is submitted to CARB. "Data Year" for Annual Fuel Pathway Reports and Quarterly Fuel Transactions Reports is the calendar year covered by the data. For example, fuel transactions occurring in 2020 must be verified by August 31, 2021 and the "Data Year" is 2020.

"Data Quarter" for a Quarterly Project Report is the quarter of operations for which credits are calculated (e.g., Q3 2020).

List the report type for which this validation/verification statement is submitted:

- Fuel Pathway Application
- Annual Fuel Pathway Report
- Quarterly Fuel Transactions Report
- Crude Oil Quarterly and Annual Volumes Report
- Low-Complexity/Low-Energy-Use Refinery Report
- Refinery Investment Project Report
- Innovative Crude Project Report
- Renewable Hydrogen Project Report
- Direct Air Capture with Carbon Capture and Sequestration
- Joint Applicant Data Report

#### PART II: VERIFICATION BODY INFORMATION

Enter the verification body name.

#### PART III: VERIFICATION STATEMENT INFORMATION

In section 1, select "reasonably assured of being free of material misstatement" if this applies to all reported values, pursuant to §95501(b)(9), (10), or (11) as applicable.

Select "not reasonably assured of being free of material misstatement" if this applies to one or more reported values, pursuant to §95501(b)(9), (10), or (11) as applicable. For example, if one or more operational carbon intensity values is not reasonably assured to be free of material misstatement, check this box.

Select "not applicable" for a Crude Oil Quarterly and Annual Volumes Report.

Similarly, in section 2, select "the reported values are reasonably assured of being in conformance with the regulation" if this applies to all reported values required to be assessed for material misstatement. For a Crude Oil Quarterly and Annual Volumes Report, only check this box if each reported volume selected for data checks was found to be in conformance.

Complete section 3 based on selections in sections 1 and 2.

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**PART IV: QUALIFYING STATEMENT**

For every qualified positive validation or verification statement, the verification body must explain the nonconformance(s) contained within the application or report, and must cite the section(s) in the LCFS regulation that corresponds to the nonconformance(s) and why the nonconformance(s) does not result in a material misstatement. For every adverse validation or verification statement, the verification body must explain the nonconformance(s) or material misstatement leading to the adverse validation or verification statement and must cite the sections in the LCFS regulation that correspond to the nonconformance(s) and material misstatement. Include an attachment for the qualifying statement if more room is needed.

For a Fuel Pathway Application/Report, list the fuel pathway code (FPC) for each operational CI calculation that caused the statement to be qualified positive or adverse.

For Quarterly Fuel Transactions Reports, list the fuel transaction type and associated FPC (or CARBOB or Diesel) for each quarter that caused the annual verification statement to be qualified positive or adverse.

**PART V: SIGNATURES**

Certify the verification statement as indicated.