

**APPLICATION FOR ACCREDITATION OF VERIFICATION BODIES FOR OFFSET PROJECT
DATA REPORTS**

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FOR OFFICIAL USE ONLY (CARB STAFF)

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

PART I: GENERAL INFORMATION

1. Verification Body Name (As it will appear on the Accreditation):	
2. Type of Business:	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Other	
If marked other, explain:	
3. Mailing Address:	
City/State/Zip Code:	Country:
4. Street Address (If different from above):	5. Contact Name and Title of Lead Verifier:
6. Contact E-mail Address:	7. Contact Telephone Number:
8. Contact Fax Number:	9. Federal Employer ID#:
10. Company Verification Website Address (link providing information about your verification services for Offset Project Operators or Authorized Project Designees):	

PART II: ADDITIONAL INFORMATION

Part II-A: Verification Staff Information-Review Instructions and Attach Required Information.

NOTE: A verification body must have at least two verifiers that have been accredited as lead verifiers as specified in title 17, section 95132(b)(2) and at least five total full-time staff.

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Staff Name	Staff Duties
1.	
2.	
3.	
4.	
5.	
6.	

Part II-B: Judicial Proceedings or Administrative Actions Explanation

1. Has the Verification Body had any judicial proceedings or administrative actions filed against it in the previous five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. List 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. Attach additional information and explanations on separate paper and include with this application.

Date	Court or Administrative Body that Handled the Matter	Brief Description of the Matter
1.		
2.		
3.		

Part II-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).

<input type="checkbox"/> Professional Liability Insurance	<input type="checkbox"/> Staff Technical Training
Methods to Prevent Conflict of Interest: <input type="checkbox"/> Identification of Services <input type="checkbox"/> Organizational Chart <input type="checkbox"/> Evidence that COI is Identified	

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Part III: 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. 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:

PART IV: OTHER (Attach sheets as needed)

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INSTRUCTIONS

APPLICATION FOR VERIFICATION BODIES

This application form is for all verification bodies that wish to provide services for Offset Project Data Reports. This application is to be used for accrediting verification bodies. All applications must be filled out completely, the required documentation must be attached, and sent to:

Offset Verification Staff
California Air Resources Board
ISD 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 verification body until a hard copy of the application is on file at CARB, so the signed application must still be mailed to the address above.

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

If you have questions regarding the completion of this form, contact Stephen Shelby at 916.327.8228 for assistance. You can download this form from the CARB website at: <https://ww2.arb.ca.gov/our-work/programs/compliance-offset-program>.

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.

PART I: GENERAL INFORMATION

1. Verification Body Name: List the verification body's name as it is to be listed on the accreditation.
2. Type of Business: Check the appropriate box. If "Other" is checked, please explain.
3. Mailing Address: Provide the address, city, state, zip code and country.
4. Street Address: Provide the street 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 authorized to represent your business and should be an CARB-accredited lead verifier.
6. Contact E-mail Address: Provide the contact's e-mail address.
7. Contact Telephone Number: Provide the contact's day-time phone number.
8. Contact Fax Number: Provide the contact's fax number.
9. Federal Employer ID #: Provide the Federal Employer ID#
10. Business Website Address: Provide your company's website address.

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PART II: ADDITIONAL INFORMATION

A. Verification Staff Information-Provide a list of the verification staff (including subcontractors) that will be providing verification services for the verification body. Briefly list each staff member's duties. (For example: general offset verifier, lead verifier, offset project specific specialist, administrative staff, or verifier-in-training). If the staff person is CARB accredited, provide their accreditation number. If not, attach a description of each staff member's qualifications and include the following documentation for each staff member you list:

1. Education
2. Experience
3. Professional licenses
4. Other pertinent information (example: training)

NOTE: A verification body must have at least two verifiers that have been accredited as lead verifiers as specified in title 17, section 95132(b)(2) and at least five total full-time staff.

B. Judicial proceedings/administrative actions-a list of any judicial proceedings or administrative action that has been filed against your verification body within the previous five years is required. In the table, include the date the proceedings/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. Attach documentation to substantiate your explanation.

C. List of Attachments: The verification body must attach documentation for each item on the list below.

1. Professional Liability Insurance-The verification body must provide documentation that it has a minimum of four million U.S. dollars of professional liability insurance.
2. Mechanisms to prevent Conflict of Interest-The verification body must provide documentation to demonstrate that it has policies and 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:
 - a. Identification of services provided by the verification body, the industries that the body serves, and the locations where those services are provided;
 - b. An organization chart that includes the verification body and any related entities;
 - c. Evidence that demonstrates a process is in place such as a procedure, policy, or other verification body guidance document that addresses how Conflict of Interest is identified.
3. Staff Technical Training - The verification body must demonstrate that the body has procedures or policies to support staff technical training as it relates to verification.

NOTE: Additional information is required with this form, and should be submitted on 8 ½ x 11 inch paper.

PART III: SIGNATURE BLOCK

Signature: Provide your authorized contact's name; signature and title; and document the date that they signed the application. Electronic signature is acceptable.

PART IV: OTHER

Attach additional sheets to explain any responses that need clarification.

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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.