

**APPLICATION FOR APPROVAL OF OFFSET PROJECT REGISTRIES**

**FOR OFFICIAL USE ONLY (CARB Staff)**

|   |                |                  |
|---|----------------|------------------|
| CARB ID Number:                           | Date Received: | Date Complete:   |
| Date(s) Additional Information Requested: | Date Approved: | Expiration Date: |
| CARB Issued Executive Order Number:       |                |                  |

**PART I: GENERAL INFORMATION**

**A. NAME, ADDRESS, AND CONTACT INFORMATION**

|  |                            |
|--|----------------------------|
| 1. Name Of Registry:   |                            |
| 2. Will the registry be a subdivision of the main organization<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                            |
| 3. Mailing Address:  |                            |
| City:  | State/Zip Code/Country:    |
| 4. Street Address (If Different from Above):   |                            |
| 5. Address of Primary Incorporation or Subdivision Primary Place Of Business (If Different Than Above):                    |                            |
| 6. Contact Name and Title:   | 7. Contact E-Mail Address: |
| 8. Contact Telephone Number:   | 9. Contact Fax Number:     |
| 10. Registry Website Address (Link Providing Information About Your Registry Services For Offset Project Operators):       |                            |

**B. OTHER ADDRESSES**

|  |
|--|
| Does the Registry have other offices located in the United States?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

If so, provide on a separate sheet of paper the addresses of all other offices located in the United States.

**PART II: REGISTRY STAFF INFORMATION**

Review Instructions and Attach Required Information.

**A. NAME AND TITLE OF REGISTRY PRESIDENT OR CHIEF EXECUTIVE OFFICER**

|       |        |
|-------|--------|
| Name: | Title: |
|-------|--------|

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**B. BOARD MEMBERS (IF APPLICABLE)**

|     |     |
|-----|-----|
| 1.  | 2.  |
| 3.  | 4.  |
| 5.  | 6.  |
| 7.  | 8.  |
| 9.  | 10. |
| 11. | 12. |
| 13. | 14. |
| 15. | 16. |
| 17. | 18. |
| 19. | 20. |

**C. REGISTRY MANAGEMENT STAFF COMPLETING TRAINING-95986(H)**

| Management Staff Name | Title |
|-----------------------|-------|
| 1.                    |       |
| 2.                    |       |
| 3.                    |       |
| 4.                    |       |

**D. REGISTRY STAFF COMPLETING TRAINING IN PROTOCOLS-95986(I)**

| Staff Name | Protocols   |
|------------|---|
| 1.         | <input type="checkbox"/> U.S. Forest <input type="checkbox"/> Urban Forest<br><input type="checkbox"/> Ozone Depleting <input type="checkbox"/> Livestock<br>Substances |
| 2.         | <input type="checkbox"/> U.S. Forest <input type="checkbox"/> Urban Forest<br><input type="checkbox"/> Ozone Depleting <input type="checkbox"/> Livestock<br>Substances |

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|    |  |   |
|----|--|---|
| 3. | <input type="checkbox"/> U.S. Forest<br><input type="checkbox"/> Ozone Depleting<br>Substances | <input type="checkbox"/> Urban Forest<br><input type="checkbox"/> Livestock |
| 4. | <input type="checkbox"/> U.S. Forest<br><input type="checkbox"/> Ozone Depleting<br>Substances | <input type="checkbox"/> Urban Forest<br><input type="checkbox"/> Livestock |
| 5. | <input type="checkbox"/> U.S. Forest<br><input type="checkbox"/> Ozone Depleting<br>Substances | <input type="checkbox"/> Urban Forest<br><input type="checkbox"/> Livestock |
| 6. | <input type="checkbox"/> U.S. Forest<br><input type="checkbox"/> Ozone Depleting<br>Substances | <input type="checkbox"/> Urban Forest<br><input type="checkbox"/> Livestock |
| 7. | <input type="checkbox"/> U.S. Forest<br><input type="checkbox"/> Ozone Depleting<br>Substances | <input type="checkbox"/> Urban Forest<br><input type="checkbox"/> Livestock |
| 8. | <input type="checkbox"/> U.S. Forest<br><input type="checkbox"/> Ozone Depleting<br>Substances | <input type="checkbox"/> Urban Forest<br><input type="checkbox"/> Livestock |

**NOTE:** Additional Board Members, Management or Staff may be listed on an additional sheet of paper and attached.

**PART III: ADDITIONAL INFORMATION**

**A. JUDICIAL PROCEEDINGS OR ADMINISTRATIVE ACTIONS EXPLANATION-95986(C)(1)(F)**

|   |
|---|
| 1. Has the Offset Project Registry had any judicial proceedings or administrative actions filed against it in the previous five years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 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.   |  |                                 |

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### B. 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"/> Demonstration of Continuous Operation of a Registry Serving an Environmentally-Focused Market |
| Methods to Prevent Conflict of Interest:   |
| <input type="checkbox"/> Methods to Prevent Conflict of Interest   |
| <input type="checkbox"/> List of all service types   |
| <input type="checkbox"/> List of industrial sectors served   |
| <input type="checkbox"/> List of locations where services provided   |
| <input type="checkbox"/> Detailed organizational chart   |
| <input type="checkbox"/> Description of project consultancy services (if applicable)                                   |

### C. REGISTRATION AND TRACKING CAPABILITIES-95986(C)(3)

Select the appropriate response to the questions below about the registry's capabilities and provide documentation in support of the response.

|  |
|--|
| 1. Does the applicant have a comprehensive registration requirement for its registry participants?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 2. Does the applicant have the capability to track ownership and transactions of all registry offset credits it issues at all times?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 3. Does the applicant have the capability to possess a permanent repository of ownership information on all transactions involving all registry offset credits it issues under this article from the time they are issued to the time they are retired or cancelled?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

### D. OTHER REQUIREMENTS-95986(D)

If approved as an Offset Project Registry will the applicant's organization (unless otherwise specified):

|  |
|--|
| 1. Be or act as an Offset Project Operator or Authorized Project Designee for a project listed on the applicant's registry?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 2. Offer consulting services for offset projects listed on the applicant's registry (applies to designated subdivision, or entire organization if no subdivision is designated)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Act as a verification body for offset projects?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |

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4. Be, or is currently, a covered entity or opt-in covered entity under California's cap-and-trade regulation?

Yes       No

**PART IV: ATTESTATION AND SIGNATURE BLOCK**

|          |  |
|----------|--|
| Initial: | As the authorized representative for this Offset Project Registry, I understand that the Offset Project Registry is voluntarily participating in the California Cap-and-Trade Program under title 17, article 5, and the Offset Project Registry is now subject to all regulatory requirements and enforcement mechanisms of this program.                     |
| Initial: | All information generated and submitted to CARB by the Offset Project Registry related to an offset project that uses a Compliance Offset Protocol will be true, accurate, and complete.   |
| Initial: | All information provided to CARB as part of an CARB audit of the Offset Project Registry will be true, accurate, and complete.   |
| Initial: | All registry services provided will be in accordance with the requirements of section 95987.   |
| Initial: | The Offset Project Registry is committed to participating in all CARB training related to CARB's compliance offset program or Compliance Offset Protocols.   |
| Initial: | I certify under penalty of perjury under the laws of the State of California I have authority to represent the Offset Project Registry and all information provided as part of this application is true, accurate, and complete.<br><br><input type="checkbox"/> Registry will also function as an Early Action Offset Program (initial following attestation) |
| Initial: | I certify under penalty of perjury under the laws of the State of California the information provided in demonstrating this program meets the requirements in section 95990(a) and is true, accurate, and complete.  |

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 the Executive Officer approval of the Offset Project Registry.

|            |               |
|------------|---------------|
| Signature: | Printed Name: |
| Title      | Date:         |

**PART V: OTHER (Attach additional sheets as needed)**

|  |
|--|
|  |
|--|

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### INSTRUCTIONS

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#### WHERE TO SUBMIT INFORMATION CONTAINED IN THIS FORM

This application form is for all Offset Project Registries that wish to provide services for offset projects. This application is to be used for approving such registries. All applications must be filled out completely, the required documentation must be attached, and sent to:

Offset Verification Staff  
California Air Resources Board  
SSD 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](mailto:ghgoffsetverification@arb.ca.gov) to speed the application process. However, the Executive Officer will not approve the Offset Project Registry 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/offset-program-forms>

Within 60 days of receiving an application to approve an Offset Project Registry, CARB will notify the applicant in writing that its application is complete or that its application requires additional specific information to be complete. Within 60 days of completing the application process, the applicant will be issued an Executive Order approving the Offset Project Registry if all regulatory requirements have been met.

#### DETAILED INSTRUCTIONS FOR FILLING OUT THE APPLICATION FOR APPROVAL OF OFFSET PROJECT REGISTRIES

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##### PART I: GENERAL INFORMATION

A. Name, primary address, and contact information:

1. Name of Registry: List the Registry applicant's name as you would like it to appear on the Executive Order approving the registry's application.
2. Subdivision: If the registry will be a subdivision of the main organization, check yes. The answer here will affect how to answer Part I.A.5 and Part III.E.2.
3. Mailing Address: Provide the address, city, state, zip code and country.
4. Street Address: Provide the street address, including city, state, zip code, and country, if different from the mailing address.
5. Address of Primary Incorporation or Subdivision Primary Place of Business: Provide the street address, including city, state, zip code, and country, for the registry's primary incorporation or

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other business formation or the primary place of business for the registry services subdivision as required in section 95986(d)(5) if different than the address listed above.

6. Contact Name and Title: Provide the name and title of your authorized contact. Your authorized contact is the person authorized to represent the Registry applicant and should be either its president or chief executive officer. The contact will be the person signing the application in Part IV.
7. Contact E-mail Address: Provide the contact's e-mail address.
8. Contact Telephone Number: Provide the contact's day-time telephone number.
9. Contact Fax Number: Provide the contact's fax number.
10. Registry Website Address: Provide the Registry applicant's website address.

B. Other Addresses: Check the appropriate box. If the applicant has other offices located in the United States, the applicant must provide the addresses of those other offices.

### **PART II: REGISTRY STAFF INFORMATION**

- A. Name and Title of Registry President or Chief Executive Officer-To meet the requirement of Section 95986(c)(1)(B), provide the name of the applicant's president or CEO and specify which title the named officer holds.
- B. Board Members-To meet the requirement of Section 95986(c)(1)(C), provide the names of all the applicant's board members.
- C. Registry Management Staff Completing Training-Section 95986(h) requires that at least two of the management staff at an Offset Project Registry must take CARB provided training on CARB's compliance offset program and pass an examination upon completion of training. List the management staff who will complete the required training.
- D. Registry Staff Completing Training in Protocols-Section 95986(i) requires that an Offset Project Registry must have staff members who have collectively completed CARB training and passed an examination upon completion of training in all Compliance Offset Protocols. List all staff who will complete the required training and the project specialties they wish to complete.

### **PART III: INFORMATION FOR APPLICATION**

- A. Judicial proceedings/administrative actions-A list of any judicial proceedings or administrative action that has been filed against the registry applicant 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.
- B. List of Attachments: The registry must attach documentation for each item on the list below.
  1. Professional Liability Insurance-The registry applicant must provide documentation that it has a minimum of five million U.S. dollars of professional liability insurance.

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2. Registry Experience Serving an Environmentally-Focused Market-Section 95986(d)(4) provides that the applicant registry must demonstrate experience in the continuous operation of a registry serving an environmentally-focused market for a minimum of two years in a regulatory and/or voluntary market. The applicant should attach documentation demonstrating such experience.
3. Mechanisms to prevent Conflict of Interest (COI)-The registry applicant 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. According to section 95986(c)(2), the registry applicant must provide the following information:
  - a. A staff, management, and board member conflict of interest policy where there are clear criteria for what constitutes a conflict of interest. The policy must
    1. Identify specific activities and limits on monetary and non-monetary gifts that staff, management, or board members must not conduct or accept to meet the Offset Project Registry's internal policies of conflict of interest policy, or alternatively provide a comprehensive policy on the applicant's requirements for the reporting of any and all conflicts based on internal policies that guard against conflict of interest.
    2. Include a requirement for annual disclosure by each staff, management, or board member of any items or instances that are covered by the applicant's conflict of interest policy on an ongoing basis or for the previous calendar year.
    3. The applicant must have appropriate conflict of interest and confidentiality requirements in place for any of its contractors.
  - b. List of all service types provided by the applicant
  - c. The industrial sectors the applicant serves
  - d. Locations where services are provided
  - e. A detailed organizational chart that includes the applicant and any parent, subsidiary, and affiliate companies
  - f. If the applicant has a designated subdivision of its organization to provide registry services, then the prohibition on serving as an offset project consultant applies at the subdivision level and the applicant must provide the following general information for itself:
    1. General types of services
    2. General locations where services are provided
- C. Registration and Tracking Capabilities-The capabilities identified here are required by section 95986(c)(3) of the regulation. Select the appropriate response and include documentation to support the answers. Capabilities must be in place prior to approval.
- D. Other Requirements-The questions in this section are intended to inform whether the applicant meets the requirements of section 95986(d). Items 1 and 2 only apply to projects listed on its own registry developed using a Compliance Offset Protocol. Item 2 should be answered for the subdivision designated to provide registry services if one exists or for the entire organization if a dedicated subdivision does not exist.



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

**PART IV: ATTESTATION AND SIGNATURE BLOCK**

Attestation: Section 95986(g) requires a six-part attestation from the Registry applicant. This portion of the application form is designed to help applicants comply with this regulatory requirement. The officer signing the application should initial each attestation. If the Registry applicant also wishes to function as an Early Action Offset Program, check the box and initial the additional attestation. If not also applying to become an Early Action Offset Program, the box should not be checked, and the additional attestation need not be initialed.

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

**PART V: OTHER**

Attach additional sheets to explain any responses that need clarification.

**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](mailto: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.