

**LOW CARBON FUEL STANDARD (LCFS) APPLICATION FOR REACCREDITATION OF  
INDIVIDUAL VERIFIERS**

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**PART I: GENERAL INFORMATION**

Indicate the type of accreditation you are seeking. All applicants must provide additional information as an attachment.

- |   |
|---|
| <input type="checkbox"/> Reaccreditation as Non-Lead Verifier or Lead Verifier  |
| <input type="checkbox"/> Upgrade to Lead Verifier Accreditation(s) (provide additional documentation described below) |

Verifier Name:	
Employer/Affiliation:	Office Telephone Number:
Mailing Address:	
Email Address:	Mobile Telephone Number:

**PART II: LEAD VERIFIER UPGRADE ONLY**

**Relevant documentation pursuant to §95502(c)(1) through (5) must be attached**

- |   |
|---|
| <input type="checkbox"/> Lead LCFS Verifier for Alternative Fuel Transactions (see §95502(c)(3)(A) through (F))   |
| <input type="checkbox"/> Lead LCFS Verifier for Alternative Fuel Transactions and Fuel Pathways (see §95502(c)(3)(A) through (F) and §95502(c)(4))  |
| <input type="checkbox"/> Lead LCFS Verifier for Alternative Fuel Transactions and Petroleum-Based Fuel Reports (see §95502(c)(3)(A) through (F) and §95502(c)(5))                             |
| <input type="checkbox"/> Lead LCFS Verifier for Alternative Fuel Transactions, Fuel Pathways, and Petroleum-Based Fuel Reports (see §95502(c)(3)(A) through (F) and §95502(c)(4) through (5)) |

**PART III: SIGNATURE**

<input type="checkbox"/> I certify under penalty of perjury of the laws of the State of California that the foregoing is true and correct.
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Signature:	Date:
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**PART IV: OTHER**

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

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This application will be used to upgrade and/or reaccredit previously accredited verifiers that wish to provide verification services for LCFS applications and reports. Send the completed form and supporting documents to [lcsverify@arb.ca.gov](mailto:lcsverify@arb.ca.gov). New applicants applying for LCFS verifier training, examination, and accreditation will not use this form. New applicants must complete form ISD/PPMB-117, "Application for Accreditation of Verifiers of LCFS Applications and Reports".

Additional information, as indicated below, is required with this form, and must be submitted with the application.

Contact [lcsverify@arb.ca.gov](mailto:lcsverify@arb.ca.gov) for assistance. This form is available at the CARB website:

<https://ww2.arb.ca.gov/lcfs-verification>.

### GENERAL INFORMATION

Indicate the type of accreditation (lead, non-lead, report types) for which you are seeking reaccreditation or an upgrade.

Verifier Name: List your first and last name as it is to be listed on your executive order.

Employer/Affiliation: List the accredited verification body that employs you. If you are not employed by an accredited verification body, list your company's name.

### LEAD VERIFIER UPGRADE ONLY

Applicants for Lead Verifier must provide evidence of work experience requirements pursuant to §95502(c)(3)(A) through (F) and §95502(c)(4) through (5), as applicable. Attach documentation with dates, skills, and responsibilities for each project or employment position and contact information for three references familiar with your work.

Applicants upgrading to Lead Verifier via verification work as a CARB accredited verifier must provide evidence of two continuous years as a CARB accredited verifier and at least three completed verifications under the supervision of a CARB accredited lead verifier. Attach documentation that includes dates, skills, and responsibilities for each verification listed and contact information for the supervising lead verifier(s) for three completed verifications.

### SIGNATURE

Sign and date the application.

### OTHER

Add additional information 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 [lcsverify@arb.ca.gov](mailto:lcsverify@arb.ca.gov). TTY/TDD/Speech to Speech users may dial 711 for the California Relay Service.