

NOTICE OF OFFSET VERIFICATION SERVICES

CARB/OPR STAFF USE ONLY

Date Notice Received:	CARB/OPR Tracking Number:	Date Notice Reviewed:
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PART I: VERIFICATION BODY INFORMATION

Verification Body Name:	
California Air Resources Board (CARB) ID:	Contact Person:
Contact's Telephone Number:	Contact's Email:

PART II: OFFSET PROJECT INFORMATION

Offset Project Name:		
OPR Project ID Number:		CARB Project ID Number:
Offset Project Registry Listing Project: <input type="checkbox"/> American Carbon Registry <input type="checkbox"/> Climate Action Reserve <input type="checkbox"/> Verified Carbon Standard	Compliance Offset Protocol: <input type="checkbox"/> Livestock Projects <input type="checkbox"/> Mine Methane Capture Projects <input type="checkbox"/> Ozone Depleting Substances Projects <input type="checkbox"/> Rice Cultivation Projects <input type="checkbox"/> U.S. Forest Projects <input type="checkbox"/> Urban Forest Projects	Version: <input type="checkbox"/> October 20, 2011 <input type="checkbox"/> April 25, 2014 <input type="checkbox"/> November 14, 2014 <input type="checkbox"/> June 25, 2015
If this notice is for a U.S. Forest Project, indicate the project type: <input type="checkbox"/> Reforestation <input type="checkbox"/> Improved Forest Management <input type="checkbox"/> Avoided Conversion		
Is this Notice of Verification Services being submitted for a verification which will cover just one or multiple reporting periods? If multiple, below indicate the start date of the first reporting period being verified and the end date of the last reporting period being verified. <input type="checkbox"/> One <input type="checkbox"/> Multiple		
Crediting Period Start Date:	Reporting Period Start Date:	Reporting Period End Date:

PART III: OFFSET PROJECT OPERATOR (OPO) and AUTHORIZED PROJECT DESIGNEE (APD)

Part III-A: OPO

OPO Name:	
Mailing Address:	City/State/Zip Code:
Contact Person:	Contact's Telephone Number:
Contact's Email:	

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Part III-B: APD (if applicable) No APD/Not Applicable

APD Name:	
Mailing Address:	City/State/Zip Code:
Contact Person:	Contact's Telephone Number:
Contact's Email:	

PART IV: OFFSET VERIFICATION TEAM

INDEPENDENT REVIEWER:

Name:	CARB ID:	
Offset Project Specialist Accreditation(s):		
<input type="checkbox"/> Livestock	<input type="checkbox"/> Mine Methane Capture	<input type="checkbox"/> U.S. Forest
<input type="checkbox"/> Rice Cultivation	<input type="checkbox"/> Ozone Depleting Substances	<input type="checkbox"/> Urban Forest
Employment:		
<input type="checkbox"/> Verification Body Staff	<input type="checkbox"/> Subcontractor	
Role and Responsibilities:		

ALTERNATE OR ASSISTANT INDEPENDENT REVIEWER:

Name:	CARB ID:	
Offset Project Specialist Accreditation(s):		
<input type="checkbox"/> Livestock	<input type="checkbox"/> Mine Methane Capture	<input type="checkbox"/> U.S. Forest
<input type="checkbox"/> Rice Cultivation	<input type="checkbox"/> Ozone Depleting Substances	<input type="checkbox"/> Urban Forest
Employment:		
<input type="checkbox"/> Verification Body Staff	<input type="checkbox"/> Subcontractor	
Role and Responsibilities:		

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LEAD VERIFIER:

Name:	CARB ID:
Offset Project Specialist Accreditation(s): <input type="checkbox"/> Livestock <input type="checkbox"/> Mine Methane Capture <input type="checkbox"/> U.S. Forest <input type="checkbox"/> Rice Cultivation <input type="checkbox"/> Ozone Depleting Substances <input type="checkbox"/> Urban Forest	
Employment: <input type="checkbox"/> Verification Body Staff <input type="checkbox"/> Subcontractor	
Role and Responsibilities:	
Is the Lead Verifier also the Project Specialist? (Note: If "no," specify who the Project Specialist is.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Project Specialist (if not Lead Verifier):	

OTHER:

Name:	CARB ID:
Verification Role: <input type="checkbox"/> CARB-Accredited Verifier <input type="checkbox"/> Technical Expert <input type="checkbox"/> Other (If other, specify below in Role/Responsibilities)	
Offset Project Specialist Accreditation(s): <input type="checkbox"/> Livestock <input type="checkbox"/> Mine Methane Capture <input type="checkbox"/> U.S. Forest <input type="checkbox"/> Ozone Depleting Subst. <input type="checkbox"/> Urban Forest <input type="checkbox"/> Rice Cultivation	
Employment: <input type="checkbox"/> Verification Body Staff <input type="checkbox"/> Subcontractor	
Role and Responsibilities:	

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Name:	CARB ID:
Verification Role: <input type="checkbox"/> CARB-Accredited Verifier <input type="checkbox"/> Technical Expert <input type="checkbox"/> Other (If other, specify below in Role/Responsibilities)	
Offset Project Specialist Accreditation(s): <input type="checkbox"/> Livestock <input type="checkbox"/> Mine Methane Capture <input type="checkbox"/> U.S. Forest <input type="checkbox"/> Ozone Depleting Subst. <input type="checkbox"/> Urban Forest <input type="checkbox"/> Rice Cultivation	
Employment: <input type="checkbox"/> Verification Body Staff <input type="checkbox"/> Subcontractor	
Role and Responsibilities:	

Name:	CARB ID:
Verification Role: <input type="checkbox"/> CARB-Accredited Verifier <input type="checkbox"/> Technical Expert <input type="checkbox"/> Other (If other, specify below in Role/Responsibilities)	
Offset Project Specialist Accreditation(s): <input type="checkbox"/> Livestock <input type="checkbox"/> Mine Methane Capture <input type="checkbox"/> U.S. Forest <input type="checkbox"/> Ozone Depleting Subst. <input type="checkbox"/> Urban Forest <input type="checkbox"/> Rice Cultivation	
Employment: <input type="checkbox"/> Verification Body Staff <input type="checkbox"/> Subcontractor	
Role and Responsibilities:	

Name:	CARB ID:
Verification Role: <input type="checkbox"/> CARB-Accredited Verifier <input type="checkbox"/> Technical Expert <input type="checkbox"/> Other (If other, specify below in Role/Responsibilities)	
Offset Project Specialist Accreditation(s): <input type="checkbox"/> Livestock <input type="checkbox"/> Mine Methane Capture <input type="checkbox"/> U.S. Forest <input type="checkbox"/> Ozone Depleting Subst. <input type="checkbox"/> Urban Forest <input type="checkbox"/> Rice Cultivation	
Employment: <input type="checkbox"/> Verification Body Staff <input type="checkbox"/> Subcontractor	
Role and Responsibilities:	

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OTHERS: Include any other verification team members, including their role (with CARB ID if applicable), offset project specialist accreditations, employment, and responsibilities on a separate sheet of paper.

PART V: OFFSET VERIFICATION SERVICE DATES

Start Date:	Expected Date for Offset Verification Statement Submittal to Offset Project Registry:
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DATES FOR ON-SITE VISIT(S):

1. Date:	Name of Location:
Street Address:	City/ State/ Zip:
Contact Person:	Contact Telephone:
Contact Email:	

2. Date:	Name of Location:
Street Address:	City/ State/ Zip:
Contact Person:	Contact Telephone:
Contact Email:	

3. Date:	Name of Location:
Street Address:	City/ State/ Zip:
Contact Person:	Contact Telephone:
Contact Email:	

PART VI: DESCRIPTION OF OFFSET VERIFICATION SERVICES

Provide a brief description of expected offset verification services to be performed. Attach additional pages if needed.

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PART VII: VERIFICATION BODY SIGNATURE

In signing this form, I certify under penalty of perjury of the laws of California that the information contained in the Notice of Offset Verification Services submittal is true, accurate, and complete. I further certify that I am duly authorized to represent and legally bind the verification body on all matters related to this form.

Printed Name:	Title:
Signature:	Date:

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BACKGROUND

Section 95977.1(b)(1) of the Cap-and-Trade Regulation requires offset verification bodies to provide a Notice of Offset Verification Services (NOVS) to both CARB and the Offset Project Registry (OPR). CARB and the OPR must receive the NOVS at least 10 calendar days prior to beginning offset verification services. This form is designed to assist offset verification bodies to comply with the requirements of Sections 95977.1(b)(1) and 95977.1(b)(2).

Verification bodies must also submit the information contained in the Evaluation of Conflict of Interest for Offset Projects form prior to beginning offset verification services. That information is also submitted to both CARB and the OPR. The form is available on the CARB website:

<https://ww2.arb.ca.gov/our-work/programs/compliance-offset-program/offset-program-forms>.

WHERE TO SUBMIT INFORMATION CONTAINED IN THIS FORM

Complete the information on the form using your computer. Then either add an electronic signature to the form or print, sign, and scan the form. The completed and signed information and all supporting documentation should be submitted to both CARB at ghgoffsetverification@arb.ca.gov and to the appropriate Offset Project Registry.

This form is also available from the CARB website at: <https://ww2.arb.ca.gov/our-work/programs/compliance-offset-program/offset-program-forms>.

INSTRUCTIONS

PART I: VERIFICATION BODY INFORMATION

- Provide the name and CARB identification number of the verification body submitting the information contained in this form. Also provide the name, phone number, and e-mail address of the verification body employee who should be contacted with any questions regarding the submitted information.

PART II: OFFSET PROJECT INFORMATION

- This section requests the information required by Section 95977.1(b)(1)(A).
- Provide the offset project's name and, if available, its identification numbers. Both the approved Offset Project Registry and CARB will issue identification numbers.
- Indicate the Offset Project Registry listing the offset project and the Compliance Offset Protocol used for the project. Indicating the protocol version (i.e., the date as specified in the Cap-and-Trade Regulation).
- For a project using the U.S. Forest Projects Compliance Offset Protocol, also indicate the type of forest project. For a project not using this protocol, do not check any of the boxes indicating the forest project type.
- Provide the start and end dates for both the project's reporting period, as well as the start date of its crediting period. Indicate whether the verification covers a single or multiple reporting periods. If multiple reporting periods, indicate the start of the first reporting period being verified and the end date of the last reporting period being verified.

PART III: OPO/APD INFORMATION

- Provide contact information for the Offset Project Operator (OPO) and Authorized Project Designee (APD) for which the verification body intends to perform verification services. Every Project will have an OPO. If a Project does not have an APD, mark the box indicating the Project does not have an APD and leave the remaining fields blank.

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- For both the OPO and, if applicable, the APD, provide the entity's name, its mailing address and the name, phone number and e-mail of a contact person for the entity.

PART IV: OFFSET VERIFICATION TEAM

- Provide the requested information for each member of the offset verification team, including the independent reviewer. At minimum, the offset verification team must consist of a lead verifier and independent reviewer. The independent reviewer and lead verifier must be accredited as lead verifiers in CARB's Compliance Offset Program. The offset verification team may have, but is not required to have, an alternate or assistant independent reviewer. An accredited offset project specialist, who may be the same person as the lead verifier, must be on the team and conduct the site visit. The offset project specialist must be an accredited verifier but need not be accredited as a lead verifier. Non-verification technical experts may also be a part of the team—and in some cases may be required (e.g., U.S. Forest protocol)—as long as they do not perform offset verification services. The form also allows for others, such as verifiers in training, to be part of the offset verification team. All members of the offset verification team, including verifiers, technical experts, and others, must be listed on this form.
- Provide the names of the individuals who will comprise the offset verification team.
- For members of the offset verification team who are neither the independent reviewer nor the lead verifier, indicate their role (CARB accredited verifier/lead verifier, technical expert, or other). If the role is "other," specify.
- Indicate whether the lead verifier is acting as the project specialist for this verification. If not, specify the name of the accredited verifier who is acting as the project specialist (and thus conducting the site visit).
- For all verifiers on the offset verification team, including both the independent reviewer and lead verifier, include their CARB-issued accreditation number. This is the ARB Executive Order number listed on their accreditation.
- Identify all offset project specialist CARB accreditations held by offset verification team members.
- Except for the independent reviewer, all members of the offset verification team may be subcontractors. Indicate for each member of the team, other than the independent reviewer, whether they are verification body staff or subcontractors.
- Describe the role and responsibilities of each offset verification team member.
- Section 95977.1(b)(1)(D)(3.) requires documentation that the offset verification team has the skills required to provide offset verification services. For accredited verifiers, listing their accreditation ID is sufficient. Some Compliance Offset Protocols require specific technical expertise as part of the offset verification team (e.g. CARB's U.S. Forest Protocol requirements for a professional forester and a forest biometrician). Attach documentation to this form substantiating that the offset verification team has the required expertise.
- If the offset verification team has more members than can fit on the form, expand the form or attach additional sheets for the other individuals, including their name, verification role (with CARB ID# if applicable), offset project specialist accreditations, employment, and their roles and responsibilities on the verification team.

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PART V: OFFSET VERIFICATION SERVICE DATES

- Provide the start date of offset verification services and the date on which the verification body expects to submit an Offset Verification Statement to the Offset Project Registry.
- Provide the dates when the offset verification team will conduct on-site visits (if required). For on-site visits longer than one day, indicate the duration of those visits (e.g., May 17-19, 2013).
- For each site to be visited, provide the street address of the site. Also provide the OPO/APD contact including email and phone number for the person whom CARB or an Offset Project Registry would contact with questions or to coordinate an audit of the site visit. Do not list a general phone number for the OPO/APD, or a person who is not associated with the offset verification process.
- Section 95977.1(b)(1)(D)(2.) requires a verification body's NOVS include the locations that are subject to offset verification services. All such locations should be included in this part.
- Expand the section or attach an additional sheet(s) of paper as necessary.

PART VI: DESCRIPTION OF OFFSET VERIFICATION SERVICES

- Section 95977.1(b)(1)(D)(4.) requires a brief description of expected offset verification services to be performed. Provide such a description in the box provided or on an attached sheet(s) of paper.

PART VII: VERIFICATION BODY SIGNATURE

- The individual signing this should be an official from the verification body who is authorized to sign a legally binding document. The person signing this form may be a lead verifier, office manager, or other company official.