

**LCFS NOTICE OF VERIFICATION SERVICES FOR FUEL PATHWAY APPLICATION/REPORTS
AND QUARTERLY FUEL TRANSACTIONS REPORTS FOR ALTERNATIVE FUELS**

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PART III: VERIFICATION SERVICE DATES AND LOCATIONS

Verification Services Start Date:	Applicant/Regulated Entity Name:
Is quarterly review planned in the context of the annual verification requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none">• Attach dates for the required site visit(s) for each facility and location of central data management within the scope of verification services.• Attach a description of the verification services to be performed, including the entity type and its report type(s) specified in section 95500, and identify the start dates and expected completion date(s). Identify which annual verification services are planned to include quarterly review, if applicable.	

PART IV: UPDATES TO COI ASSESSMENT FORM ISD/PPMB-120

Have there been any changes to the verification team leader(s) or independent reviewer(s) since the ISD/PPMB-120 was submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have there have been any changes to the other verification team member(s), if applicable, since the ISD/PPMB-120 was submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
If any changes have been made to verification team members or the independent reviewer, an updated ISD/PPMB-120 form must be submitted.
Have there been any other changes to the information submitted in the COI assessment form? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, summarize the changes, including whether the designation of high, medium, or low potential conflict of interest has changed and, if applicable, whether the mitigation plan has changed. If yes, an updated ISD/PPMD-120 form must be submitted.

PART V: VERIFICATION BODY AUTHORIZATION

<input type="checkbox"/> In signing this form, I certify under penalty of perjury under the laws of the State of California the information provided in this Conflict of Interest 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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INSTRUCTIONS

Conflict of Interest (COI) and Notice of Verification Services (NOVS) information must be submitted prior to beginning verification services. The current version of these forms is provided on the LCFS verification website and may be used by verification bodies to provide the required information for CARB review. You may submit one COI form and one NOVS form for multiple application/report types only when the legal entity (company) is the same for all LCFS application/report types being verified. For Fuel Pathway Applications/Reports, the legal entity is the fuel pathway applicant/holder. For Quarterly Fuel Transactions Reports for Alternative Fuels, the legal entity is the fuel reporting entity.

- You may submit the COI form (ISD/PPMB-120) and the NOVS form (ISD/PPMB-121) jointly or sequentially. Respond fully and in detail to all questions.
- You may answer “no” or “does not apply,” but answer every question. Attach extra sheets as necessary.

WHERE TO SUBMIT THE FORM

Complete the form on your computer, then print, sign and scan the form. The completed signed form and all supporting documentation should be emailed to LCFSVerify@arb.ca.gov. In the email subject line, indicate what is being submitted, COI and/or NOVS, the entity’s Company LCFS ID, and the data year.

Example Subject Line: COI&NOVS-XXXXX-2020.

This form is available from the CARB website at <https://www.arb.ca.gov/fuels/lcfs/verification/verification.htm>.

PART I: VERIFICATION BODY INFORMATION

Enter contact information for the verification body and the 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 before annual verification services must be completed. For example, fuel transactions occurring in 2020 must be verified by August 31, 2021 and the “Data Year” is 2020.

PART II: APPLICANT/REGULATED ENTITY INFORMATION

Enter information for the applicant/regulator entity, including fuel production facility name(s), physical address(es), and LCFS facility ID(s). This is the same information required in the COI form ISD/PPMB-120 PART II and must be included in this form. For the entity contact information, do not list a general contact. List a person who is associated with the verification process.

PART III: VERIFICATION SERVICE DATES

This information is required for all submittals. This form will not be accepted without specific dates listed for the required site visits. If it is necessary to later change the site visit dates, notify CARB at LCFSVerify@arb.ca.gov and include the subject line “Site Visit Date Changes for [Entity Name]—[LCFS Company ID]”. Include in the email all information required in PART III of this form.

PART IV: UPDATES TO COI ASSESSMENT FORM ISD/PPMB-120

This information is only required if you intend to submit COI form ISD/PPMB-120 separately from NOVS form ISD/PPMB-121. If changes have been made to any members of the verification team or the independent reviewer, revise and resubmit ISD/PPMB-120. If changes have occurred to other information submitted in the COI self-assessment, revise and resubmit ISD/PPMB-120.

PART V: VERIFICATION BODY AUTHORIZATION

This section is required. The individual signing this form must be authorized to sign a legally binding document on behalf of the verification body and is not required to be a CARB-accredited LCFS verifier.