

**APPLICATION FOR RE-ACCREDITATION AS OFFSET VERIFIER FORM**

**CARB STAFF USE ONLY**

|                            |  |                |
|----------------------------|--|----------------|
| Date Application Received: | Date Additional Information Requested: | Date Approved: |
|----------------------------|--|----------------|

**PART I: APPLICANT INFORMATION**

|  |  |
|--|--|
| Applicant's Name (accreditation to be issued under this name):   |  |
| Current Executive Order Number:  |  |
| Re-Accreditations Sought: (Indicate below which specific re-accreditations the applicant is seeking)               |  |
| <input type="checkbox"/> Lead Offset Verifier  |  |
| <input type="checkbox"/> Livestock Project Specialist  |  |
| <input type="checkbox"/> Urban Forest Project Specialist   |  |
| <input type="checkbox"/> U.S. Forest Project Specialist  |  |
| <input type="checkbox"/> Mine Methane Capture (MMC) Project Specialist   |  |
| <input type="checkbox"/> Ozone Depleting Substances (ODS) Project Specialist                                       |  |
| <input type="checkbox"/> Rice Cultivation Project Specialist   |  |
| <input type="checkbox"/> General (i.e., seeking re-accreditation but not as a lead verifier or project specialist) |  |
| Employer/Affiliation:  |  |
| Mailing Address:   | City/State/Zip Code/Country (if not U.S.A.): |
| Street Address (if different from above):  | City/State/Zip Code Country (if not U.S.A.): |
| Office Telephone Number:   | Cell Phone Number:                           |
| E-Mail Address:  |  |

**APPLICATION FOR RE-ACCREDITATION AS OFFSET VERIFIER FORM**

**PART II: PROFESSIONAL EXPERIENCE UPDATE**

Note up to four (4) CARB offset verifications which best describe the applicant's experience in CARB's Compliance Offset Program since their last accreditation (nearly three years ago).

|    |                     |   |  |
|----|---------------------|---|--|
| 1. | Project's CARB ID#: | Role:<br><input type="checkbox"/> Lead Verifier<br><input type="checkbox"/> Independent Reviewer<br><input type="checkbox"/> Project Specialist<br><input type="checkbox"/> Other | Status of OVS:<br><input type="checkbox"/> Approved by CARB<br><input type="checkbox"/> Submitted to OPR<br><input type="checkbox"/> Not yet submitted<br><input type="checkbox"/> Past OVS deadline |
| 2. | Project's CARB ID#: | Role:<br><input type="checkbox"/> Lead Verifier<br><input type="checkbox"/> Independent Reviewer<br><input type="checkbox"/> Project Specialist<br><input type="checkbox"/> Other | Status of OVS:<br><input type="checkbox"/> Approved by CARB<br><input type="checkbox"/> Submitted to OPR<br><input type="checkbox"/> Not yet submitted<br><input type="checkbox"/> Past OVS deadline |
| 3. | Project's CARB ID#: | Role:<br><input type="checkbox"/> Lead Verifier<br><input type="checkbox"/> Independent Reviewer<br><input type="checkbox"/> Project Specialist<br><input type="checkbox"/> Other | Status of OVS:<br><input type="checkbox"/> Approved by CARB<br><input type="checkbox"/> Submitted to OPR<br><input type="checkbox"/> Not yet submitted<br><input type="checkbox"/> Past OVS deadline |
| 4. | Project's CARB ID#: | Role:<br><input type="checkbox"/> Lead Verifier<br><input type="checkbox"/> Independent Reviewer<br><input type="checkbox"/> Project Specialist<br><input type="checkbox"/> Other | Status of OVS:<br><input type="checkbox"/> Approved by CARB<br><input type="checkbox"/> Submitted to OPR<br><input type="checkbox"/> Not yet submitted<br><input type="checkbox"/> Past OVS deadline |

**PART III: APPLICANT SIGNATURE**

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, including its appendices, is true, accurate, and complete.

|            |              |
|------------|--------------|
| Signature: | Date Signed: |
|------------|--------------|

## APPLICATION FOR RE-ACCREDITATION AS OFFSET VERIFIER FORM

ISD/CCPEB-053R (REV. 12/2020) Page 3 OF 4

### INSTRUCTIONS

---

This application is intended for accredited offset verifiers who wish to apply for re-accreditation so that they may continue to provide offset verification services for verifying Offset Project Data Reports. This form should not be submitted until the applicant's current accreditation is within four (4) months of expiration. Fill out all applicable parts of this application and sign. The completed form may be scanned and emailed to [ghgoffsetverification@arb.ca.gov](mailto:ghgoffsetverification@arb.ca.gov)

Alternatively, the applicant may mail the completed application to this address:

Offset Verification Staff (CCPEB)  
California Air Resources Board  
ISD Mail Stop 6B  
P.O. Box 2815, Sacramento, CA 95812.

If you have questions regarding the completion of this form, email [GHGoffsetverification@arb.ca.gov](mailto:GHGoffsetverification@arb.ca.gov) for assistance. You can download this form from the CARB Offset Verification Program webpage at: <https://ww2.arb.ca.gov/our-work/programs/compliance-offset-program/offset-verification>

#### PART I: GENERAL INFORMATION

- **Applicant's Name:** List the applicant's name, including both first and last names, as it is to be listed on the Executive Order accrediting the applicant.
- **Current Executive Order Number:** List the number of the executive order that previously accredited the applicant in the Compliance Offset Program.
- **Re-Accreditations Sought:** Indicate all the re-accreditations which the applicant is seeking. If the applicant is seeking re-accreditation as a lead verifier, check that box. Also check the boxes for any project specialist types. If the applicant is seeking re-accreditation without accreditation as a lead verifier or project specialist, check only the "General" box. If the applicant is seeking a new accreditation which has not previously been held, submit the regular Offset Verification Application form.
- **Employer/Affiliation:** Provide the applicant's employer or professional/contractual affiliation.
- **Mailing Address:** Provide the address, city, state, zip code and country.
- **Street Address:** Provide the street address if different from the mailing address. Leave blank if the same.
- **Office Phone Number:** Provide the applicant's business office phone number. (Note: CARB currently lists this number on its webpage for accredited verifiers.)
- **Cell Telephone Number:** Provide the applicant's cell phone number. (Note: This number is not listed on CARB's webpage for accredited verifiers.)
- **E-mail Address:** Provide the applicant's e-mail address. (Note: CARB currently lists this address on its webpage for accredited verifiers.)

#### PART II: PROFESSIONAL EXPERIENCE UPDATE

- Note up to four (4) CARB offset verifications which best describe the applicant's experience in CARB's Compliance Offset Program since their last accreditation (nearly three years ago). Although the applicant may have been a team member for more than four verifications, include no more than four. Fewer than four verifications may be included.
- The CARB project ID number is eight characters/digits long (e.g., CAFR5011, CALS5014, CAOD5001). Do not include the reporting period.

**APPLICATION FOR RE-ACCREDITATION AS OFFSET VERIFIER FORM**

ISD/CCPEB-053R (REV. 12/2020) Page 4 OF 4

- The applicant should indicate their role in the verification. In many instances, the verifier may be both the lead verifier and project specialist, in which case both boxes should be checked.
- The applicant should indicate the status of the verification, if (1) CARB has approved the verification (typically with CARB offset credit issuance); (2) the Offset Verification Statement (OVS) has been submitted to the Offset Project Registry (OPR); (3) the OVS has not yet been submitted to the OPR; or (4) an OVS has not been submitted because the 11-month deadline prior to offset verification services concluding with an OVS being submitted.

**PART III: APPLICANT SIGNATURE**

- The applicant applying for reaccreditation should sign and date the application.