



Greenhouse Gas Emissions Report Verification Program: Conflict of Interest Self-Evaluation and Notice of Verification Services

This form is for verification bodies seeking Ecology authorization to provide verification services to a facility covered by the Clean Air Rule. This form must be submitted annually. Any change to the information in this form requires the form to be updated and re-submitted.

Section A. Conflict of Interest Self-Evaluation:

The verification body must determine the potential for any conflict of interest (COI) that the verification body, related entities, or any subcontractors performing verification services may have with the facility for which it will perform verification services and with any contracting entity hired to contract with the verification body on behalf of the facility.

- You may submit one COI self-evaluation for a facility and its related entities (direct parent company, direct subsidiary, or sister company).
- Provide information for all subcontractors involved in completing the verification.
- This form may also be used to assess emerging potential for COI during verification services and for one year after the completion of verification services.
- Additional submittals are required if an individual or company (contracting entity) is hired by the facility to contract with the verification body on behalf of the facility. Submit an additional COI self-evaluation substituting "contracting entity" for "facility." Also provide a signed COI self-evaluation from the contracting entity demonstrating COI review between itself and the facility. This form may be used by the contracting entity substituting "contracting entity" for verification body.

It is important to disclose all possible business or personal relationships that may introduce conflict. If any conflicts are discovered at a later date, the verification body will be subject to liability and possibly lose its status as an Ecology approved verification body. An individual verifier may also lose certification. Consequences to the facility include possibly having its verification statement set-aside, which would require a re-verification for the reporting year(s) the conflicted individual(s) participated in the verification. The same is true for undisclosed subcontractor conflict. The verification body must fully investigate subcontractor conflict, because the verification body bears the responsibility for the COI self-evaluation.

Ecology will notify the verification body of the COI determination. If the potential for COI is considered acceptable, a Notice of Verification Services (Section B) must be submitted to Ecology before starting verification services.

Section B. Notice of Verification Services:

The verification body must submit a notice of verification services (NVS) to Ecology before providing verification services. The NVS may be submitted jointly or separately from the COI self-evaluation (Section A). Ecology recommends jointly submitting the COI self-evaluation (Section A) and NVS (Section B) after the verification contract is agreed to. The COI self-evaluation may be submitted prior to contracting, but the NVS should not be submitted until the verification body holds the contract. If submitted jointly, verification services may proceed immediately after receiving notification from Ecology that the potential for COI is acceptable. If submitted separately, verification services may proceed ten working days after Ecology receives the NVS.

Submission information

1. Email completed form and required documentation to car@ecy.wa.gov.
2. Mail a signed copy of the completed form with a wet ink signature to:

Washington State Department of Ecology
Air Quality Program
Clear Air Rule Verification Program
P.O. Box 47600
Olympia, WA 98504-7600



Greenhouse Gas Emissions Report Verification Program: Conflict of Interest Self-Evaluation

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| Section A. Conflict of Interest Self-Evaluation | | COI |
| PART I. Verification Body Information | | |
| Verification Body Name: | Ecology Certification ID: | |
| PART II. Facility Information | | |
| Provide information on the facility for which your verification body intends to perform verification services. If the ownership and operational control structure of the facility is not clear, please request clarification from the facility and contact Ecology with the information you have compiled. Ecology will assist in determining the required scope of the COI self-evaluation. | | |
| Facility Name: | EPA GHGRP ID: | |
| Emissions Year: | | |
| Describe how you evaluated the scope of the COI review. Services provided to the corporate parent company and its related entities must be disclosed. This description may include an organization chart or other description of the facility. Include additional COI reviews if the facility is utilizing a contracting entity to engage verification services. Expand or attach supporting documentation as necessary. | | |
| Does at least one member of the verification team providing verification services for this facility hold the required sector specialization(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| PART III. Verification Team | | |
| List the individuals on the verification team, their roles and responsibilities during the verification, and whether they will attend the site visit, if applicable. At a minimum, the verification team must consist of a lead verifier performing the verification services and an independent reviewer. A technical expert or verifier-in-training may be a part of the team as long as they do not perform verification services and are listed below. Expand as necessary. | | |
| Name: | Independent Reviewer (must be a lead verifier) | |
| Position: | | |
| Name: | Lead Verifier | |
| Position: | | |
| Attending a site visit? | | |
| Roles and responsibilities: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name: | <input type="checkbox"/> Lead Verifier <input type="checkbox"/> Verifier <input type="checkbox"/> Verifier-in-Training <input type="checkbox"/> Other (please list): <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Position: | | |
| Attending a site visit? | | |
| Roles and responsibilities: | | |
| Name: | <input type="checkbox"/> Lead Verifier <input type="checkbox"/> Verifier <input type="checkbox"/> Verifier-in-Training <input type="checkbox"/> Other (please list): <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Position: | | |
| Attending a site visit? | | |
| Roles and responsibilities: | | |



Greenhouse Gas Emissions Report Verification Program: Conflict of Interest Self-Evaluation

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| PART IV. Verification Body, Facility and Contracting Entity Relationships | | | | |
| Provide information on previous or current relationships between the verification body and the facility. | | | | |
| Was a contracting entity hired to contract with the verification body on behalf of the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following information on the contracting entity: | | | | |
| Name: | | Contact Name: | | |
| Contact Phone Number: | | Contact Email Address: | | |
| Have the verification body and facility shared any management staff or board of directors, or has any of the facility staff or management been employed by the verification body, or vice versa, within the previous five years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, provide the following information for each person and instance. Expand as necessary. | | | | |
| Name | Verification body position | Dates (mm/yy–mm/yy) | Facility position | Dates (mm/yy–mm/yy) |
| | | | | |
| Are there any personal or family relationships between the employees or management of the facility and any members of the verification body, including subcontractors of the verification body who are members of the verification team? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | | | | |
| Has any verification body member provided any type of incentive to the facility to secure this verification contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | | | | |
| PART V. Past Services | | | | |
| If you answer “yes” to any of the following, your COI is deemed medium or high. “Related entity” means any direct parent company, direct subsidiary, or sister company. “Member” means: | | | | |
| <ul style="list-style-type: none"> • Any employee or subcontractor of the verification body or related entities. • Any individual with majority equity share in the verification body or its related entities. • Any employee or subcontractor of the contracting entity, if applicable. | | | | |
| Has any employee of the verification body or a related entity, or subcontractor who is a member of the verification team, provided any of the following services to the facility within the last five years? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Designing, developing, implementing, reviewing, or maintaining an inventory or information or data management system for facility air emissions, or, where applicable, fuel transactions, unless the review was part of providing GHG verification services. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Developing GHG emission factors or other GHG-related engineering analysis that includes facility specific information. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Designing energy efficiency, renewable power, or other projects which explicitly identify GHG reductions as a benefit. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Designing, developing, implementing, conducting an internal audit, consulting, or maintaining a GHG emissions reduction or GHG removal offset project. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Appraisal services of carbon or GHG liabilities or assets. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Owning, buying, selling, trading, or retiring shares, stocks, or emissions reduction credits from an offset project that was developed by or where resulting reduction credits are owned by the facility. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Dealing in or being a promoter of credits on behalf of an offset project operator or authorized project designee where the credits are owned by or the offset project was developed by the facility. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Preparing or producing GHG-related manuals, handbooks, or procedures specifically for the facility. | | | |



Greenhouse Gas Emissions Report Verification Program: Conflict of Interest Self-Evaluation

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| <input type="checkbox"/> Yes <input type="checkbox"/> No | Brokering in, advising on, or assisting in any way in carbon or GHG-related markets. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Directly managing any health, environment or safety functions for the facility. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Bookkeeping or other services related to accounting records or financial statements. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Any service related to development of information systems, including consulting on the development of environmental management systems such as those conforming to ISO 14001 or energy management systems such as those conforming to ISO 50001, unless those systems will not be part of the verification process. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Appraisal and valuation services, both tangible and intangible. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Fairness opinions and contribution-in-kind reports in which the verification body has provided its opinion on the adequacy of consideration in a transaction, unless the resulting services will not be part of the verification process. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Any actuarially oriented advisory service involving the determination of amounts recorded in financial statements and related accounts. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Any internal audit service outsourced by the facility or offset project operator that relates to the facility's internal accounting controls, financial systems, or financial statements, unless the result of those services will not be part of the verification process. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Acting as a broker-dealer (registered or unregistered), promoter, or underwriter on behalf of the facility. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Any legal services. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Expert services to the facility, a trade or membership group to which the facility belongs, or a legal representative for the purpose of advocating the facility's interests in litigation or in a regulatory or administrative proceeding or investigation. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Verification services not performed under impartiality provisions equivalent to those required by Ecology, unless the systems and data reviewed during those services, as well as the result of those services, will not be part of the verification process. |

If you answered yes to any of the above, please explain (expand as necessary):

PART VI. Other Services

If you answer "yes" to any of the following, your potential for COI is deemed at least "medium".

Has any member of the verification team, verification body, or a related entity engaged in services of any nature, other than those listed above and other than Ecology verification services, within or outside of WA, with the facility or related entity in the last five years?

Yes No

If yes, provide information for each person and instance below. Include current work, any future work arrangements/contracts, and GHG emissions verification services provided outside the jurisdiction of Ecology. Expand and attach extra sheets if needed. Fee for the proposed verification (USD):

| Name of each person providing service | Dates of service (mm/yy–mm/yy) | Description and location of service | Fee for service (USD) | For each non-Ecology verification service, state if the services were conducted under COI provisions substantively equivalent to COI provisions required for Ecology verification services |
|---------------------------------------|--------------------------------|-------------------------------------|-----------------------|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Has any member of the verification team provided verification services within the past three years for the facility or related entity while working for another verification body? Yes No

If yes, please describe (include team members involved and dates):

PART VII. Other COI Circumstances



Greenhouse Gas Emissions Report Verification Program: Conflict of Interest Self-Evaluation

Indicate any possible circumstance, other than those indicated in Part V and Part VI, that could result in a COI between your verification body and the facility. Where possible, indicate why this should not affect the verification.

Are there any other known circumstances that could result in a COI?

No Yes (please identify, expand as necessary):

Part VIII. COI Assessment

After reviewing this form, assess your verification body's risk for a COI.

Based on my assessment, my verification body's potential for COI is: High Medium Low

PART IX. Attachments

Organization Chart of Verification Body and Related Entities

Only submit once per year, unless changes occur; include a brief description of the main type of work done by your verification body and any entities related to your verification body:

Attached Already submitted

COI Mitigation Plan

Required if a medium potential for COI is stipulated:

Attached Not applicable

The mitigation plan should include: (1) A demonstration that any individuals (in the verification body, on the verification team, or subcontractors) with potential conflicts have been removed or insulated from the project; (2) An explanation of any changes to the verification body or verification team to remove the potential COI, including organizational structure changes; (3) If applicable, how the amount and nature of work previously performed does not affect credibility or create any biases among the verification team members.

PART X. Certification Statement

Must be completed by the verification body contact person.

I certify under penalty of perjury under the laws of the state of Washington that the information contained in this application is true, accurate and complete.

I certify under penalty of perjury under the laws of the state of Washington that I am authorized to represent and legally bind the verification body on all matters related to Chapter 173-441 WAC.

Signature:

Printed Name:

Date:

To request ADA accommodation, call (360) 407-6800, 711 (relay service), or (877) 833-6341 (TTY).



Greenhouse Gas Emissions Report Verification Program: Notice of Verification Services

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| Section B. Notice of Verification Services | | NVS |
| PART I. Verification Body Information | | |
| Verification Body Name: | Ecology Certification ID: | |
| PART II. Facility Information | | |
| Provide information on the facility for which your verification body intends to provide services. | | |
| Facility Name: | EPA GHGRP ID: | |
| Emissions Year: | | |
| Part III. Updates to Information in the COI Self-Evaluation | | |
| Any changes to verification team since submission of the COI Self-Evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a list of changes to the verification team members, including subcontractors. All new members of the verification team require a COI review and the COI Self-Evaluation form must be updated and resubmitted. | | |
| Any other changes to the information in the COI Self-Evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a list of changes and the COI Evaluation form must be updated and resubmitted. | | |
| PART IV. Verification Service Dates and Locations | | |
| Verification services start date ("upon approval" is an acceptable response): | | |
| Expected date for completion of verification services: | | |
| Site visit date and location (if no site visit is expected, please state none): | | |
| PART V. Certification Statement | | |
| Must be completed by the verification body contact person. | | |
| I certify under penalty of perjury under the laws of the state of Washington that the information contained in this application is true, accurate and complete. | | |
| I certify under penalty of perjury under the laws of the state of Washington that I am authorized to represent and legally bind the verification body on all matters related to Chapter 173-441 WAC. | | |
| Signature: | | |
| Printed Name: | Date: | |

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