

accurate and complete.

Greenhouse Gas Emissions Report Verification Program: Verification Report and Verification Statement

State of Washington			
This form is for verification bodies to submit a verification report and verification statement.			
Submission information 1. Email completed form and required documentation to car@ecy.wa.gov. 2. Mail a signed copy of the completed form with wet ink signatures to: Washington State Department of Ecology Air Quality Program Clear Air Rule Verification Program P.O. Box 47600 Characterize			
Olympia, WA 98504-7600 PART I. Verification Body Information			
Verification Body Name:	Ecology Certification ID:		
PART II. Facility Information			
Facility Name:	EPA GHGRP ID:		
PART III. Verification Statement			
Emissions Year:			
This verification statement attests that the submitted data are: Reasonably assured to be free of material misstatement. NOT reasonably assured to be free of material misstatement.			
 This verification statement attests that the submitted data are: Reasonably assured to have all correctable errors that affect covered emissions, noncovered emissions, or covered product data fixed. NOT reasonably assured to have correctable errors that affect covered emissions, noncovered emissions or covered product data fixed. 			
This verification statement attests that the submitted data are: Reasonably assured to be in conformance with WAC 173-441. NOT reasonably assured to be in conformance with WAC 173-441.			
 Based on the selections above, the final verification statement is: □ Positive (Reasonably assured to be free of material misstatement and to be in conformance with requirement to fix correctable errors that affect covered emissions, noncovered emissions or covered product data.) □ Adverse (Not reasonably assured to be free of material misstatement and/or to be in conformance with requirement to fix correctable errors that affect covered emissions, noncovered emissions or covered product data.) 			
If the verification statement is adverse, describe why (expand or attached extra sheets as necessary):			
If the verification statement is positive, but the submitted data are NOT reasonably assured of being in conformance with WAC 173-441, describe why (expand or attached extra sheets as necessary):			
PART IV. Verification Report A verification report meeting the requirements of WAC 173-441 must be submitted with this form.			
□ Verification report attached			
PART V. Certification Statement			
As the lead verifier for this verification, I certify under penalty of perjury under the laws of the state of Washington that the information contained in the verification statement and verification report is true.			



As the lead verifier for this verification, I certify under penalty of perjury under the laws of the state of Washington that the verification team has carried out all verification services as required by WAC 173-441. Signature of Lead Verifier:		
Printed Name:	Date:	
As the independent reviewer for this verification, I certify under penalty of perjury under the laws of the state of Washington that I have conducted an independent review of the verification services and findings on behalf of the verification body as required by WAC 173-441 and that the findings are true, accurate and complete.		
Signature of Independent Reviewer:		
Printed Name:	Date:	

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