

Washington State Climate Commitment Act

# Notice of Offset Verification Services

Form ECY 070-706



## Publication Information

This document is available on the Department of Ecology's website at:  
<https://apps.ecology.wa.gov/publications/summarypages/ECY070706.html>

## Contact Information

### Air Quality Program

Ecology Headquarters  
Phone: 360-407-6800  
Email: [CCAOffsets@ecy.wa.gov](mailto:CCAOffsets@ecy.wa.gov)  
Website: <https://ecology.wa.gov/About-us/Contact-us>

## ADA Accessibility

The Department of Ecology is committed to providing people with disabilities access to information and services by meeting or exceeding the requirements of the Americans with Disabilities Act (ADA), Section 504 and 508 of the Rehabilitation Act, and Washington State Policy #188.

To request an ADA accommodation, contact Ecology by phone at 360-407-6800 or email at [melanie.forster@ecy.wa.gov](mailto:melanie.forster@ecy.wa.gov). For Washington Relay Service or TTY call 711 or 877-833-6341. Visit Ecology's website for more information.

## Language Services

The Department of Ecology offers free language services about our programs and services for people whose primary language is not English. We can provide information written in your preferred language and qualified interpreters over the telephone.

To request these services, or to learn more about what we can provide, contact Ecology by email at [melanie.forster@ecy.wa.gov](mailto:melanie.forster@ecy.wa.gov).

Ecology Staff Use Only		
Date Application Received:	OPR Tracking Number:	Date Application Reviewed:

**Section 1.0: Verification Body Information**

Verification Body Name:

---

California Air Resource Board (CARB) ID (if applicable):	Contact Person:
Contact Email:	Contact Telephone Number:

**Section 2.0: Offset Project Information**

Ecology Project ID Number (if known):

OPO's CITSS ID Number:

---



---

Offset Project Name:

---

Offset Project Registry Listing Project:

---

Compliance Offset Protocol:

- Livestock Projects
- U.S. Forest Projects
- Ozone Depleting Substances Projects
- Urban Forest Projects

Version :

- October 20, 2011
- November 14, 2014
- April 25, 2014
- June 25, 2015

If this notice is for a U.S. Forest Project, indicate the project type:

Reforestation

Improved Forest Management

Avoided Conversion

Is this a 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?

One

Multiple

Crediting Period Start Date:

\_\_\_\_\_

Reporting Period Start Date:

\_\_\_\_\_

Reporting Period End Date:

### Section 3.0: Offset Project Operator

OPO Name:		OPO CITSS ID#:	
Mailing Address:	City:	State:	Zip:
Contact Person:	Phone Number:	Email Address:	

### Section 4.0: Authorized Project Designee

APD Name:		APD CITSS ID#:	
Mailing Address:	City:	State:	Zip:
Contact Person:	Phone Number:	Email Address:	

## Section 5.0: Offset Verification Team

### A. Independent Reviewer

Independent Reviewer Name:

CARB ID (if known):

---

---

Offset Project Specialist Accreditation(s):

Livestock Projects

Ozone Depleting Substances Projects

U.S. Forest Projects

Urban Forest Projects

Employment:

Verification Body Staff

Subcontractor

Roles and Responsibilities:

---

---

---

---

---

---

---

---

---

---

**B. Alternate or Assistant Independent Reviewer**

Alternate or Assistant Reviewer Name:

CARB ID (if known):

---

---

Offset Project Specialist Accreditation(s):

Livestock Projects

Ozone Depleting Substances Projects

U.S. Forest Projects

Urban Forest Projects

Employment:

Verification Body Staff

Subcontractor

Roles and Responsibilities:

---

---

---

---

---

---

---

---

**C. Lead Verifier**

Lead Verifier Name:

CARB ID (if known):

---

---

Offset Project Specialist Accreditation(s):

Livestock Projects

Ozone Depleting Substances Projects

U.S. Forest Projects

Urban Forest Projects

Employment:

Verification Body Staff

Subcontractor

Roles and Responsibilities:

---

---

---

---

---

---

Is the Lead Verifier also the Project Specialist

Yes

No

If "no," provide the name of the Project Specialist:

---

**D. Other**

Name:

CARB ID (if known):

---

---

Offset Project Specialist Accreditation(s):

Livestock Projects

Ozone Depleting Substances Projects

U.S. Forest Projects

Urban Forest Projects

Employment:

Verification Body Staff

Subcontractor

Roles and Responsibilities:

---

---

---

---

---

---

---

---



E. Other - Additional

Name:

CARB ID (if known):

---

---

Offset Project Specialist Accreditation(s):

Livestock Projects

Ozone Depleting Substances Projects

U.S. Forest Projects

Urban Forest Projects

Employment:

Verification Body Staff

Subcontractor

Roles and Responsibilities:

---

---

---

---

---

---

---

---

F. Other - Additional

Name:

CARB ID (if known):

---

---

Offset Project Specialist Accreditation(s):

Livestock Projects

Ozone Depleting Substances Projects

U.S. Forest Projects

Urban Forest Projects

Employment:

Verification Body Staff

Subcontractor

Roles and Responsibilities:

---

---

---

---

---

---

---

---

## Section 6.0: Offset Verification Service Dates

Start Date:

---

Expected Date for Offset Verification Statement Submittal to Offset Project Registry:

---

### Dates for On-Site Visit(s):

Date 1:

Name of Location:

---

Street Address:

---

City/State/Zip:

---

Contact Person:

---

Contact Phone:

---

Contact Email:

---

Date 2:

Name of Location:

---

Street Address:

---

City/State/Zip:

---

Contact Person:

---

Contact Phone:

---

Contact Email:

---

Date 3:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

Contact Person:

\_\_\_\_\_

Contact Email:

\_\_\_\_\_

Name of Location:

\_\_\_\_\_

City/State/Zip:

\_\_\_\_\_

Contact Phone:

\_\_\_\_\_

### **Section 7.0: Description of Offset Verification Services**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 8.0: Attestations and Signatures

In signing this form, I certify under penalty of perjury of the laws of the state of Washington 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.

Signature:	Printed Name:
Title:	Date:

## Background for Notice of Offset Verification Services

WAC 173-446-535(4)(a) of the Cap-and-Invest Rule requires offset verification bodies to provide a Notice of Verification Services (NOVS) to both Ecology and the Offset Project Registry (OPR). Ecology 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 requirements of WAC 173-446-535(a) and WAC 173-446-535(b).

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 Ecology and the OPR.

### Where to Submit Information Contained in This Form

Please 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 the appropriate Offset Project Registry.

### Detailed Instructions for Notice of Offset Verification Services Form

#### Section 1.0: Verification Body Information

- Provide the name and Ecology 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

## **Section 2.0: Offset Project Information**

- This section requests the information required by WAC 173-446-535(4)(a)(i)
- Provide the offset project's name and, if available, identification numbers. Both the approved Offset Project Registry and Ecology 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-Invest rule)
- 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.

## **Section 3.0: OPO Information**

- Provide contact information for the Offset Project Operator (OPO) for which the verification body intends to perform verification services. Every project will have an OPO.
- Provide the OPO's mailing address, and the name, phone number and email of a contact person for the entity.

## **Section 4.0: APD Information**

- Provide contact information for the Authorized Project Designee (APD) for which the verification body intends to perform verification services. If a project does not have an APD, leave this section blank.
- Provide the APD's mailing address, and the name, phone number and email of a contact person for the entity.

## Section 5.0: 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 or another offset verification standard approved by Ecology, in accordance with WAC 173-446-540(1)(c)
- 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. 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.
- WAC 173-446-535(4)(b)(iv)(D) 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. the U.S. Forest Protocol requirements for a professional forester and a forest biometrician, defined in the Protocol). 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 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.

## **Section 6.0: Offset Verification Service Dates**

- Provide the start date of the 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 on day, indicate the duration of those visits.
- 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 Ecology 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.
- WAC 173-446-535(4)(b)(iv)(B) requires that a verification body's NOVS describe the portion(s) of the offset project that will receive verification services, as well as the offset project boundary.
- Expand the section or attach an additional sheet(s) of paper as necessary.

## **Section 7.0: Description of Offset Verification Services**

- WAC 173-446-535(4)(b)(iv)(D) 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.

## **Section 8.0: 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.