Regional Greenhouse Gas Initiative
CO_2 Budget Trading Program

Offset Verifier Application for Accreditation

Version 1.2

Issued by:
Bureau of Energy and Technology Policy
CT Department of Energy & Environmental Protection
http://www.ct.gov/deep/

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1. Overview

An organization that intends to provide verification services for an offset Project Sponsor under the Connecticut CO_2 Budget Trading Program must be accredited by the (Connecticut Department of Energy & Environmental Protection ("Department"). To apply for accreditation, a prospective verifier must submit to the Department in accordance with these instructions a fully completed *Application for Accreditation Version 1.2* ("Accreditation Application"), including all forms and required attachments. Following these instructions will ensure that the Accreditation Application contains all necessary information and is submitted properly.

Each prospective verifier should review the CO_2 Budget Trading Program regulations at section 22a-174-31a of the Regulations of Connecticut State Agencies ("RCSA") that address offset projects, offset project verification, and the award of CO_2 offset allowances. Prospective verifiers should also review the offset application and submittal materials for the offset categories for which they seek to provide verification services. All offset application and submittal materials are available at www.ct.gov/deep/cwp/view.asp?a=2684&Q=440696&depNav_GID=1619.

2. Submission Instructions

Submit one (1) complete hardcopy original *Accreditation Application* and one (1) electronic copy in the form of a CD disk to the Department at the location specified below. Submit hardcopies of forms requiring signatures as originally-signed copies and scan such signed forms for electronic submission. Facsimiles of the *Accreditation Application* are not acceptable under any circumstances.

ATTN: STEFANIE WNUCK
CO2 BUDGET TRADING PROGRAM
BUREAU OF ENERGY AND TECHNOLOGY POLICY
CT DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION
10 FRANKLIN SQUARE
NEW BRITAIN, CT 06051

If you have any questions about this application, please contact Stefanie Wnuck at stefanie.wnuck@ct.gov or at (860) 827-2846.

The *Accreditation Application* has been created as a Microsoft Word document with editable fields. Enter information directly in the fields provided in the forms or submit an attachment with the information or documentation requested, as instructed. Include headers on all attachments indicating the form to which each is attached.

The applicant should save an electronic copy of the *Accreditation Application* for its file to serve as a reference for any necessary application remediation or updates.

3. Accreditation Application Forms

The Accreditation Application includes seven (7) forms:

- Form 1 – Contact Information
- Form 2 – Offset Categories
- Form 3 – Documentation of ANSI ISO14065 Accreditation
- Form 4 – Verification Team
- Form 5 – Work Product Sample
- Form 6 – Documentation of Professional Liability Insurance
- Form 7 – Attestations

Form 1: Contact Information

Name of Applicant (Organization):	
Point-of-Contact:	
Mail Address:	
Telephone Number:	
Fax Number:	
E-mail:	

Describe the nature of the Applicant's core business or organization. Additionally, describe the structure of the Applicant's organization, including whether the entity is a sole proprietorship, partnership, limited partnership, limited liability company (LLC), limited liability partnership (LLP), corporation (for-profit), nonprofit corporation (not-for-profit), or cooperative. If a field below is not applicable or is unanswerable, respond with "NA".

Describe the Nature of the Applicant's Core Business or Organization and Organizational Structure:	
Place of Incorporation:	
Federal Tax Identification Number:	
Dun & Bradstreet or DUNS Number:	
Year Founded:	
Website URL:	

Form 2: Offset Categories

Identify the offset project categories for which the Applicant seeks accreditation by checking the appropriate box(es) below.

Offset Project Category	Accreditation Sought
Landfill methane capture and destruction	☐
Reduction in emissions of sulfur hexafluoride (SF_6)	☐
Sequestration of carbon due to afforestation	☐
Reduction or avoidance of CO_2 emissions from natural gas, oil, or propane end-use combustion due to end-use energy efficiency in the building sector	☐
Avoided methane emissions from agriculture manure management operations	☐

Form 3: Documentation of ANSI ISO 14065 Accreditation

Provide the following details of the Applicant's ANSI ISO 14065 accreditation in the fields below. Attach a copy of the certificate of accreditation. The attachment must include a header that identifies it as an attachment to Form 3.

ANSI Accreditation No.:	
Date of Initial Accreditation:	
Accreditation Valid Until:	
Scope of ANSI Accreditation:	
Has the Applicant's ANSI accreditation ever been suspended or withdrawn? If yes, please describe the grounds for suspension/withdrawal and the measures taken to become re-accredited:	

Form 4: Verification Team

Identify the Verification Team Leader(s) and Key Personnel in the fields below that will provide verification services (add additional pages as required). In the organizational affiliation column, indicate the organization that employs the individual.

Role	**Name**	**Organizational Affiliation**
Verification Team Leader:		
Verification Team Leader:		
Key Personnel:		
Key Personnel:		
Key Personnel:		
Key Personnel:		
Key Personnel:		

Provide as an attachment detailed resumes for all Verification Team Leaders(s) and Key Personnel. Resumes should include identification of any audit certification or registration programs under which the individual is accredited or certified.

If any of the individuals listed above are not employees of the Applicant, attach a signed copy of the contract or engagement letter between the individual and the Applicant.

Each attachment must include a header that identifies it as attachment to Form 4.

Form 5: Work Product Sample

Attach a sample of at least one relevant work product produced in whole or part by the Applicant. The sample must consist of a final report or other material provided to a client under contract. ***The sample work product submitted shall not contain any proprietary information***. If the original work product contained proprietary information, the work sample may be submitted, provided proprietary information is redacted from the document. The attachment must include a header that identifies it as an attachment to Form 5.

Provide a description of the attached work sample(s) in the space provided below. If the work product was jointly produced by the Applicant and another entity, include in the description an explanation of the role of the Applicant in producing the work product.

Form 6: Documentation of Professional Liability Insurance

Provide documentation in the fields below of professional liability insurance held by the Applicant in an amount not less than one million U.S. dollars. Attach a copy of the insurance certificate and other documentation as may be required to document the relationship between a related entity that holds the insurance and the Applicant. The attachment(s) must include a header that identifies it as an attachment to Form 6.

Name of Insurer:	
Policy Number:	
Amount of Coverage (US$):	
Policy Expiry Date:	
Deductibles (if any):	
Exclusions (if any):	
Name of the entity under which the insurance is held:	
If the insurance coverage is held under the name of a related entity, describe the financial relationship between the Applicant and the related entity and attach supporting documentation:	

Form 7: Attestations

The following attestations must be made.

The undersigned Applicant acknowledges and will comply with and be bound by the following:

1. The undersigned Applicant shall provide any verification services to offset Project Sponsors in accordance with section 22a-174-31a of the RCSA.

2. The undersigned Applicant shall use suitably qualified personnel and devote and employ sufficient resources and labor to ensure that high-quality verification services are provided.

3. The undersigned Applicant shall ensure that for any verification services undertaken by the Applicant:

   (a) a Verification Team Leader identified in the *Accreditation Application* directs, supervises, and leads the undertaking of those services and signs all written reports or opinions to be provided by the accredited verifier;

   (b) verification services are undertaken by a Team Leader and Key Personnel identified in the application for accreditation; and

   (c) any other staff, employees, or contractors used by the accredited verifier in connection with verification services:

      (i) are used only to assist any Verification Team Leader and Key Personnel identified in the *Accreditation Application*; and

      (ii) shall work under the direct control, supervision, and direction of a Verification Team Leader and Key Personnel identified in the *Accreditation Application*.

4. The undersigned Applicant shall ensure that each Verification Team Leader and Key Personnel identified in the *Accreditation Application* maintain the qualifications identified in the *Accreditation Application*, including any identified qualifications, licenses, and certifications.

5. The undersigned Applicant shall ensure that each Verification Team Leader and Key Personnel identified in the *Accreditation Application* undertake and complete any training as may be required by the Department to demonstrate competence in the provision of verification services for individual offset categories specified at subdivision 22a-174-31a(i)(1)(B) of the RCSA.

6. The undersigned Applicant acknowledges that the Department or its agent may conduct a performance review of an accredited verifier to evaluate whether the accredited verifier remains qualified and is providing verification services in accordance with the requirements of section 22a-174-31a of the RCSA]. As part of a performance review, the Applicant will provide access to any reports, documents, or other information related to the provision of verification services by the Applicant pursuant to section 22a-174-31a of the RCSA required by the Department or its agent.

7. The undersigned Applicant acknowledges that prior to engaging in verification services for an offset Project Sponsor, the Applicant shall disclose all relevant information to the Department to allow for an evaluation of potential conflict of interest with respect to an offset project, offset project developer, offset Project Sponsor or project sponsor organization, or any other party with a direct or indirect financial interest in an offset project that is seeking or has been granted approval of a Consistency Application under a state CO_2 Budget Trading Program, including information concerning the Applicant's ownership, past and current clients, related entities, as well as any other facts or circumstances that have the potential to create a conflict of interest.

8. The undersigned Applicant acknowledges that it shall have an ongoing obligation to disclose to the Department any facts or circumstances that may give rise to a conflict of interest with respect to an offset project, offset project developer, offset Project Sponsor or project sponsor organization, or any other party with a direct or indirect financial interest in an offset project.

9. The undersigned Applicant acknowledges that it shall have an ongoing obligation to maintain one million U.S. dollars of professional liability insurance throughout the period for which it is accredited.

10. The undersigned Applicant acknowledges that the Department may revoke the accreditation of a verifier at any time, for any of the following:

    (a) failure to fully disclose any issues that may lead to a conflict of interest situation with respect to an offset project, offset project developer, or offset Project Sponsor;

    (b) the verifier is no longer qualified due to changes in staffing or other criteria;

    (c) negligence or neglect of responsibilities pursuant to the requirements of section 22a-174-31a of the RCSA; and

    (d) intentional misrepresentation of data or other intentional fraud.

I certify that the undersigned is authorized to make these attestations on behalf of the Applicant. I certify that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete.

_____ _____/_____/_____
Signature of Authorized Representative Date (MM/DD/YYYY)

_____
Name of Authorized Representative (printed)

_____
Title

Sworn and subscribed before me on this _____ day of _____, 20_____

_____
Notary