



If you are proposing to conduct verifications for additional facilities owned by the same parent company, list the additional facilities here and provide the information requested above:

**To the best of my knowledge, I (printed name) have complied with the Conflict of Interest policies as described in The Climate Registry's *General Verification Protocol*.**

**I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

Based on the information provided in the following pages, and any other relevant information, we assert that our risk of COI is:

High     Medium     Low

*Please respond fully and in detail to all of the following questions. If you are using subcontractors to complete the proposed verification activities, you must also provide this information for all subcontractors. If you have no prior relationship with the facility, you may answer "No" or "Does Not Apply", but you must answer every question.*

*For the purposes of this form, all references to the Verification Body/Entity mean the Verification Body and all related entities, including the parent company and all companies that share the common parent company. All references to the Facility/Entity mean the Facility and all related entities, including the parent company and all companies that share the common parent company.*

*Please be advised that all records, except those listed at 310 CMR 3.10, submitted to the Department are public records. Verifiers who wish to request that certain documents or records be kept as confidential business information may choose to comply with requirements described at <http://www.mass.gov/dep/service/cbi.htm>.*

1. Has your Verification Body/Entity ever provided GHG verification services for this Facility/Entity (excluding the current proposed services)?

YES  NO

If yes, Emissions Year(s) verified: \_\_\_\_\_  
 Dates of service (month/date to month/date): \_\_\_\_\_

2. Has your Verification Body/Entity at any time provided any GHG Consultancy Services or other High COI Non-Verification Services<sup>1</sup> to the Facility/Entity?

YES  NO

Please declare all of your Verification Body/Entity's previous, existing, and planned involvement with the Facility/Entity's GHG monitoring, accounting, reporting, and reduction activities, regardless of date of service. For each activity, identify the group(s)/department(s) of the organizations involved, and a description of each activity. Please clearly define the links between organizations, specifying in particular, your company's business unit(s) that performs certification and verification services. You may attach additional pages to this form as needed to respond fully.

**All GHG Consulting Services Performed for Facility/Entity**

GHG Consultancy Services	Dates of Service (mo/yr-mo/yr)	Verification Body		Facility/Entity		Description of Activities
		Business Unit	Location	Business Unit	Location	

Please provide any other relevant information that explains or describes any involvement with the Facility/Entity's GHG monitoring, accounting, reporting, and reduction activities, including a description of your firm's relationship with the Facility/Entity's GHG inventory technical assistance provider, if one.

3. Does your Verification Body/Entity currently provide other non-GHG services to the Facility/Entity?

YES  NO

Has your Verification Body/Entity done so in the past?

YES  NO

List and describe any contracts or arrangements to perform work, other than GHG Consultancy Services or GHG verification work, your Verification Body/Entity has, or had, with the Facility/Entity in the past three years within North America. Please explain the purpose and nature of this work. Please also describe its geographic location and the business unit(s) within the organizational

<sup>1</sup> GHG Consultancy Services and High-COI Non-Verification Services are defined and described in Section 3.2.1 of the General Verification Protocol Version 2.0, June 2010.

structure of the Facility/Entity for which the services were performed. If no work has been performed, please fill in the field with "N/A."

**Work Performed in the Previous Three Years**

Non-GHG Services	Dates of Service (mo/year-mo/year)	Potential COI?	Verification Body		Facility/Entity		Description of Activities
			Business Unit	Location	Business Unit	Location	
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					

Please provide any other relevant information that explains or describes any of these prior and existing relationships with the Facility/Entity.

4. What is, or was, the nature of the relationship between any part of your Verification Body/Entity and the Facility/Entity contracting for the work? Please describe. Please include a qualitative discussion of any cases in which the financial details of the relations increase the potential for COI, such as cases in which the value of non-verification work is much larger than the value of anticipated verification services.

a. Does your Verification Body/Entity share any formal affiliation or management with the Facility/Entity?

YES  NO If yes, please describe.

b. Is your Verification Body/Entity currently engaged in any joint ventures or partnerships with the Facility/Entity?

YES  NO If yes, please describe.

c. List each staff member that will contribute to the proposed verification activities, identifying any previous work these individuals have conducted for the Facility/Entity in the past three years including while in the employment of other organizations. Please insert or attach additional tables as needed to identify all staff who will be assigned to the verification activities

<b>Name:</b>	
<b>Telephone number:</b>	
<b>E-mail address:</b>	
<b>Business location (city, state):</b>	
<b>Previous work for Facility/Entity (description of services):</b>	
<b>Date of Services (month/year to month/year):</b>	

<b>Employer at time of service:</b>	
<b>Direct financial investment of &gt;\$5,000?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Role(s) for this proposed verification:</b>	<input type="checkbox"/> Lead Verifier <input type="checkbox"/> Verifier <input type="checkbox"/> Independent Peer Reviewer <input type="checkbox"/> Technical Expert <input type="checkbox"/> Subcontractor Responsibilities:

<b>Name:</b>	
<b>Telephone number:</b>	
<b>E-mail address:</b>	
<b>Business location (city, state):</b>	
<b>Previous work for Facility/Entity (description of services):</b>	
<b>Date of Services (month/year to month/year):</b>	
<b>Employer at time of service:</b>	
<b>Direct financial investment of &gt;\$5,000?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Role(s) for this proposed verification:</b>	<input type="checkbox"/> Lead Verifier <input type="checkbox"/> Verifier <input type="checkbox"/> Independent Peer Reviewer <input type="checkbox"/> Technical Expert <input type="checkbox"/> Subcontractor Responsibilities:

Please insert additional tables here as needed:

5. Are there any extenuating circumstances that might cause your proposed GHG verification services to be considered sensitive or highly visible? Would you or the Facility/Entity be uncomfortable if the nature of your relationship were reported in the press, or received public attention?

YES     NO

6. Verification Bodies must provide a mitigation plan for every situation in which there may be a medium or high risk for COI with the Facility/Entity. Is the potential for COI medium or high before mitigation?

YES     NO

If yes, please provide a plan to mitigate the potential for COI to a low level. The plan must include at least the following:

- Demonstration that any conflicted individuals (Verification Body or subcontractor staff) have been removed and insulated from the project, if applicable.
- Explanation of any changes to organizational structure or verification team, if applicable. For example, demonstration that any conflicted unit has been divested or moved into an independent entity or any conflicted subcontractor has been removed.
- Other circumstances that specifically address other sources for potential COI.

Please describe your mitigation plan here or attach it as a separate document:

**Please submit this form to MassDEP by e-mailing a completed electronic copy to [MassDEPVerification@theclimateregistry.org](mailto:MassDEPVerification@theclimateregistry.org).**

**Questions about this form and how to submit it should be directed to (201) 238-2572 or [jackie@theclimateregistry.org](mailto:jackie@theclimateregistry.org).**