

MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION



Greenhouse Gas Reporting Program

Verification Statement

Facility Name:

MA Facility AQ ID:

Facility Address:

This Verification Statement documents that _____ (Verification Body) has conducted verification activities in compliance with ISO 14064-3 and the Massachusetts GHG Reporting Program 310 CMR 7.71(7). This statement also attests to the fact that _____ (Verification Body) provides reasonable assurance that _____'s (Facility's) reported greenhouse gas emissions from January 1, _____ through December 31, _____ are verifiable and meet the requirements of Massachusetts GHG Reporting Program, 310 CMR 7.71.

GHG reporting requirements against which verification was conducted (check all that apply):

- Massachusetts GHG Reporting Program 310 CMR 7.71
- The Climate Registry's *General Reporting Protocol*
- Others (specify):

Verification criteria (check all that apply):

- Massachusetts GHG Reporting Program 310 CMR 7.71(7)
- The Climate Registry's *General Verification Protocol*
- Others (specify):

Facility Emission Sources Exempt from Verification Pursuant to 310 CMR 7.71(7)(c):

Check all exemptions that apply and identify the emission sources that are exempt from verification:

40 CFR Part 75 CO₂ emissions

Emission sources:

310 CMR 7.70(10) CO₂ Emissions Offset Projects or corresponding provisions of the CO₂ Budget Trading Regulations of any other state

Emission sources:

The Climate Registry's voluntary reporting program

Emission sources:

Total Emissions Reported by Facility (including emissions exempt from verification as indicated above):

Scope 1 Emissions: metric tons CO₂e, consisting of metric tons of each GHG as follows:

CO₂ CH₄ N₂O HFCs PFCs SF₆

Biogenic CO₂ (stationary & mobile combustion only): metric tons CO₂

Comment:

Verification Body Attestation:

I certify that I have personally examined the greenhouse gas emissions report for this facility and am familiar with the information contained in that report 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.

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|------------------------------|--|---|
| Signature: | Review of 310 CMR 7.71 (1) through (8) | Attended Live or Recorded Webinar Training? |
| Print Name: Lead Verifier | Date Completed: (MM/DD/YYYY) | Date Completed: (MM/DD/YYYY) |

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| Signature: | Review of 310 CMR 7.71 (1) through (8) | Attended Live or Recorded Webinar Training? |
| Print Name: Independent Peer Reviewer | Date Completed: (MM/DD/YYYY) | Date Completed: (MM/DD/YYYY) |