**Notification of Verification Activities and Conflict of Interest Assessment (NOVA/COI) Form**

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| ***Please note that verification activities under the Reserve may not proceed until a conflict of interest determination has been received from the Reserve. Verification bodies must allow sufficient turnaround time for processing and allow additional time for situations where there may be a conflict of interest.*** |

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| **SUBMISSION INSTRUCTIONS**: |
| 1. To obtain approval for verification activities to proceed, the verification body must submit this *Notification of Verification Activities and Conflict of Interest* (NOVA/COI) form for every project it proposes to verify under the Climate Action Reserve (Reserve). This form details the specifics of the relationship between project stakeholders and the verification body and the scope and plan for verification activities. Based on the information disclosed on this form, the Reserve will determine the risk for COI and whether or not verification activities may proceed. This form must be submitted for every project and verification period. |
| 1. Before completing this form, please review the Reserve’s Verification Program Manual for detailed information regarding conflict of interest. |
| 1. This form is a protected Word document; use the tab to move from field to field or use your cursor to select a specific field. If you need to add more space to any section of the form, please contact the Reserve staff for assistance. |
| 1. Please respond fully and in detail to all of the following questions. It is required that you answer every question. If you have no prior relationship with your potential client, you may answer “No,” or, if the information does not apply, you may answer “N/A.” If you are a Lead Verifier using subcontractors to complete the proposed verification, you must also provide information for all subcontractors. Note: Only subcontractors already trained for the specific project type will be allowed to act as a Lead Verifier or a Senior Internal Reviewer. |
| 1. The term “North American Greenhouse Gas Business Management Unit” (GHG Business Unit) is used throughout this document. GHG Business Unit in this context refers to the staff and offices offering climate change and greenhouse gas services (validation, verification, consulting, etc.) in North America. Other offices, staff, or units that offer services primarily outside of North America or primarily for other non-GHG or climate change services are not included in this definition. |
| 1. All Climate Action Reserve accredited verification bodies must complete this form prior to finalizing contract negotiations for verification services and beginning verification activities. Upon finding that all necessary information is complete, the Reserve will provide a determination of the potential for COI by email to the Lead Reviewer no later than 10 business days from the date of receipt. |
| 1. This form will only be considered for projects already submitted and listed on the Reserve. Verification bodies should ensure that projects have been listed prior to submitting this form. |
| 1. Upload this completed form to the Reserve’s online software a minimum of TEN (10) business days prior to beginning any verification activities: <https://thereserve1.apx.com/mymodule/mypage.asp> |
| 1. All information disclosed on this form will be kept confidential and only used by the Reserve to determine the risk of conflict of interest. |

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| **REVISIONS**  If any members of the verification team are added, changed, or removed, a revised NOVA/COI form must be submitted to the Reserve. If the lead verifier or senior internal reviewer are changed, the new team member(s) cannot start verification activities until the Reserve approves the new staff via email.  If the site visit changes, a revised NOVA.COI form must be submitted to the Reserve by both uploading the revised form to the Reserve Software and emailing the form to [reserve@climateactionreserve.org](mailto:reserve@climateactionreserve.org). |

**Part A.1 Project Verification Summary**

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| --- | --- |
| **Date** |  |
| **Verification Body** |  |
| **Lead Verifier** |  |
| **Telephone** |  |
| **Email** |  |
| **Reserve Account Holder** |  |
| **Project Owner (if it is an aggregate and there are more than one owner, please complete Appendix D)** |  |
| **Project ID Number & Name (if it is an aggregate and there is more than one project, please complete Appendix D)** |  |
| **Aggregate or Cooperative ID Number (if applicable)** |  |
| **Project Start Date (MM/DD/YY)** |  |
| **Reporting Period Dates (MM/DD/YY – MM/DD/YY)** |  |
| **Crediting Period Dates (MM/DD/YY – MM/DD/YY)** |  |
| **Crediting Period (i.e. Initial, Subsequent-Second, Subsequent-Third)** |  |
| **Protocol Used:** | (*Version*      *)* |
| **CRTs in process of verification (approximate)** |  |
| **Have you verified this project previously (yes/no)?** |  |
| **If yes, please indicate the reporting periods previously verified ((MM/DD/YY – MM/DD/YY)** |  |

**Part A.2 Project Verification Summary Revisions**

Please complete the following table if the COI form is updated AFTER the form is initially approved. This should be left blank if the COI form has not yet been initially approved.

**NOTE:** If the lead verifier or senior internal reviewer are changed, the new team member(s) cannot start verification activities until the Reserve approves the new staff via email.

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| --- | --- |
| **Date** |  |
| **Form version number (i.e. 2, if this is the first revised form submitted after approval)** |  |
| **Summary of updates** |  |
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**Part B. Verification Accreditation Summary**

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| --- | --- | --- |
| **Yes** | **No** | **Question** |
|  |  | Are both the lead verifier and senior internal reviewer trained and certified for both the Reserve general verification training and relevant sector-specific training? Please refer to Section 3.4 in the VPM for more information |
|  |  | Will the lead verifier and senior internal reviewer remain certified for both the Reserve general verification training and relevant sector-specific training for at least three months following the expected date of completing verification activities? |

**Part C. Parties Involved with the Project**

|  |  |
| --- | --- |
| **Project Developer (organization):** | |
| Project Developer (contact) |  |
| Title |  |
| Telephone |  |
| Email |  |
| Mailing address |  |
| **Project Owner or Operator (organization):**  ***Applicable if entity is different from the Project Developer. If so, please fill out Appendix C.*** | |
| Project Owner or Operator (contact) |  |
| Title |  |
| Telephone |  |
| Email |  |
| Mailing address |  |
| **Facility Owner or Landowner (organization):** | |
| Facility Owner or Landowner (contact) |  |
| Title |  |
| Telephone |  |
| Email |  |
| Mailing address |  |
| **Aggregator or Cooperative Developer (organization):**  ***If applicable (and if different from the above entities), please fill out Appendix C.*** | |
| Aggregator or Cooperative Developer (contact) |  |
| Title |  |
| Telephone |  |
| Email |  |
| Mailing address |  |
| **Technical Consultant to the Project Developer (organization):**  ***If applicable, please fill out Appendix C.*** | |
| Technical Consultant (contact) |  |
| Title |  |
| Telephone |  |
| Email |  |
| Mailing address |  |
| **Other Parties with a Material Interest to the Project *(e.g. major purchasers of the project’s CRTs if known to the VB, or the entity paying for the verification activities if not one of the entities listed above):***  ***If applicable, please fill out Appendix C.*** | |
| Contact |  |
| Title |  |
| Telephone |  |
| Email |  |
| Mailing address |  |

**Part D. Schedule and Planning of Verification Activities**

1. Provide specific dates for each planned verification activity:

*Please note that the NOVA/COI form MUST be submitted 10 business days prior to the kick-off call. If the kick-off call and site visit dates are not finalized at the time of COI submittal, the form must be re-submitted once those dates are determined. For projects in their first reporting period, the 30 day public comment period must have passed before the form is submitted. If it has not, this form will not be reviewed until the 30 day public comment period is completed.*

|  |  |
| --- | --- |
| **First planned verification meeting/kick-off call (mm/dd/yy)** |  |
| **Site visit date(s) (mm/dd/yy)** |  |
| **Are you requesting a virtual site visit?** | Yes  No |
| **Is a virtual site visit permitted under the protocol under which the project is being verified?** | Yes  No |
| **Expected date of completing verification activities (mm/dd/yy)** |  |

**Note**: All Soil Enrichment and Nitrogen Management projects must complete Appendix E.

1. The proposed verification for this project is:

First verification done by your organization for this specific project

A renewal (i.e. subsequent) verification for this project

1. Please list all locations to be visited. Projects without mailing addresses (such as forest projects) should provide an approximate location for the address. If more than three locations are visited, please list the sites and addresses in an annexed document. For desktop verifications, please put N/A.

|  |  |
| --- | --- |
| **Name of Facility or Site** |  |
| Full Address |  |
| **Name of Facility or Site** |  |
| Full Address |  |
| **Name of Facility or Site** |  |
| Full Address |  |

4. Will other project sites owned/managed by the same project developer be visited on this trip?

Yes  No

If so, please list other project names/IDs:

5. Which staff members from the verification body will be conducting the site visit?

6. Do the staff members attending the site visit adhere to the requirements in Section 4.5.1 of the VPM for staff members conducting site visits? Mexico Forest projects also need to comply with Appendix D in the protocol to include a forester or an individual with similar experience and certification onsite during full verifications.

Yes  No

7. Will the accrediting entity be performing a witness assessment/verification body audit in conjunction with the verification activities?

Yes  No

8. Provide a brief description of planned verification activities specific to this project. Your response should provide a general overview of the scope and breadth of verification activities. This may include, but should not be limited to, plans to interview which staff, types of records, emissions reductions that will be reviewed, etc.:

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9. **For Forest projects in an aggregate undergoing initial verification**, please provide a list of the projects to be verified:

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10. **For Mexico Forest projects in an aggregate not undergoing initial verification**, please describe the number of projects selected to be verified (desk and/or complete) and how that number was determined.[[1]](#footnote-2)

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11. Please provide the list of the selected projects in the aggregate undergoing a desk and/or complete (non-initial) verification. For Mexico Forest projects not selected to undergo a desk or full verification, verification is limited to the confirmation of signed Attestations and that the credits in the Reserve software match the Annual Monitoring Report. Any discrepancies should be resolved prior to issuing a successful verification determination. Verification bodies may not extend their verification scope beyond that stated in the Protocol. Verification opinions are required for each Mexico Forest project seeking credits in a verification period, regardless of the scope of the verification.

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12. Please provide a complete list of the projects in the aggregate in the random order of selection for verification (the list should include all projects in the aggregate not undergoing an initial verification in case a selected project does not pass). Please provide relevant proof of random selection below, or included as an attachment to this form:

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**Part E. Evaluation of Potential for Conflict of Interest**

1. Has the verification body or any staff member to be assigned to the proposed verification (including while employed with another organization) ever provided any GHG verification services for this project developer *outside* of the Climate Action Reserve program (i.e., for another GHG program)?

Yes  No

If yes, please complete the table below.

|  |  |  |
| --- | --- | --- |
| **Reporting Period(s) of Emissions Reductions Verified**  (mm/dd/yy – mm/dd/yy) | **Dates of Service**  (mm/yy – mm/yy) | **Description of Services**  (project name, project type, registry/program, staff) |
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1. Please answer each of the following questions:

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| **Yes** | **No** | **Question** |
|  |  | Have you, or any staff working at your organization at any time consulted on or prepared any part of this project for the project developer? |
|  |  | Have you, or any staff working at your organization at any time consulted on or prepared any part of other projects for the project developer? |
|  |  | Have you, or any staff working at your organization at any time provided non-verification services on other projects for the project developer? |
|  |  | Has your verification body – either in the past or currently– provided any services or engaged in any relationship with the proposed client that are included on the list of potential COI services as identified in the Verification Program Manual section 3.6.3 (other than consulting services)? |
|  |  | Do you and the project developer share any formal affiliation or management? |
|  |  | Are you and the project developer currently engaged in any joint ventures or partnerships? |
|  |  | Has the verification body or any staff member to be assigned to the proposed verification ever purchased, sold, traded or retired emissions reductions from this project or project developer? |
|  |  | Are any staff members who are involved in the verification former employees of the project developer/project owner organization, or vice versa? |
|  |  | Does any individual or organization involved in the verification have financial interest in the project? |
|  |  | Are there any other services provided by or associated with your GHG Business Unit[[2]](#footnote-3)\* – either in the past or currently – that are not captured above? |
|  |  | Are there any other relationships between the verification body and project developer(s) that are not captured above? |

1. If you answered “yes” to any of the questions above in Part D.2, please describe the reason for your answer using the table below. When describing the activity or relationship, please clearly define how it relates to your company’s GHG Business Unit[[3]](#footnote-4)\* that performs verification services.

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| --- | --- | --- | --- | --- | --- | --- |
| **Nature of Service / Relationship** | **Relevant Dates** (mm/yy - mm/yy) | **Department or Relevant Individual** | | **Project Developer Department or Relevant Individual** | | **Description** |
| **Name** | **Location** | **Name** | **Location** |
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1. List staff members to be assigned to the proposed verification, identifying any previous work these individuals have conducted for the project developer and/or technical consultant including while in the employment of other organizations. Please fill out this information for the Lead Verifier and Senior Internal Reviewer below. For additional staff and team verifiers associated with the project, please use the additional tables provided at the end of this document (Appendix A).

**Lead Verifier:**

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone number** |  |
| **Email Address** |  |
| **Business location** (city, state, country) |  |
| **Previous work/services provided for Project Developer and/or Technical Consultant** |  |
| **Date of Services** (mm/yy – mm/yy) |  |
| **Employer at time of service** |  |

**Senior Internal Reviewer:**

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone number** |  |
| **Email Address** |  |
| **Business location** (city, state, country) |  |
| **Previous work/services provided for Project Developer and/or Technical Consultant** |  |
| **Date of Services** (mm/yy – mm/yy) |  |
| **Employer at time of service** |  |

1. Please answer the following questions about the financial magnitude of services provided to the project developer. Please convert all fees to USD values.

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| 1. **What is the value of the proposed verification under consideration?**   *Please provide a specific dollar value; this information will be treated confidentially.* |  |
| 1. **What is the total value of previous services provided by your GHG Business Unit[[4]](#footnote-5)\* for this project developer, including those outside the Reserve program?** |  |
| 1. **What is the total value of all previous Climate Action Reserve verification services provided by your GHG Business Unit[[5]](#footnote-6)\* for this project developer?** |  |
| 1. **Excluding any Climate Action Reserve project verification services, what is the gross and net value of all services you have performed for the project developer in the last five years? The five years should be determined based on the date of submittal of the COI form (i.e. if the COI form is submitted on 2/1/23, the five year lookback period should be 1/31/18 – 2/1/23).** | Gross  Net |
| 1. **What percentage of your GHG Business Unit’s\* total gross and net revenue has come from this project developer, in total, over the past five years (including verification and all other services)? The five years should be determined based on the date of submittal of the COI form (i.e. if the COI form is submitted on 2/1/23, the five year lookback period should be 1/31/18 – 2/1/23).** *If this verification represents the first year of service with this project developer, please estimate the value of the proposed verification as a percentage of your GHG Business Unit’s\* total expected revenue at the time of payment.*   **Please note that we may request additional information if the net revenue exceeds 5%** | Gross  Net |
| 1. **Excluding any Climate Action Reserve project verification services, what types of services have been proposed or bid on for the project developer in the next three years?** |  |

1. Please complete each of the tables below. Enter “N/A” if not applicable. If more lines are needed, please attach an additional document.

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| --- | --- | --- | --- | --- | --- |
| **Prior Reserve Project Verification Services for Project Developer in North America**  (include project ID) | **Reporting Period(s)**  (mm/dd/yy – mm/dd/yy) | **Dates of Service** (mm/yy - mm/yy) | **Value of Verification Services for Project Developer** (specific dollar value) | **% of Your Total GHG Business Unit’s\* Revenue for Year Performed** | **Description of Services**  (project type, project name, staff, etc.) |
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| **Other Services for Project Developer Outside the Reserve Program**  (by project) | **Dates of Service**  (mm/yy - mm/yy) | **Value of Other Services for Project Developer**  (specific dollar value) | **% of Your Total GHG Business Unit’s\* Revenue for year performed** | **Description of Services**  (project type, project name, staff, etc.) |
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| **Anticipated Services for Project Developer**  (excluding potential Reserve projects) | **Year(s) Expected** | **Value of Anticipated Services for Project Developer**  (specific dollar value) | **% of Your Total expected GHG Business Unit’s\* Revenue for year performed** | **Description of Services**  (project type, project name, staff, etc.) |
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**Part F. Written Attestation Regarding Conflict of Interest**



Based on the information provided, and our organization’s internal conflict of interest review process, we believe that our risk of COI is:

High  Medium  Low

If high or medium, complete the attached Mitigation Plan (Appendix B).

The undersigned, on behalf of,       (the “Verification Body”), represents and warrants to the Climate Action Reserve that information provided herein are true and correct, to the best of my knowledge, and that I have complied with the Climate Action Reserve’s policy for determining the potential for COI between project developers and verification bodies outlined in the Verification Program Manual (February 3, 2021).

I understand and acknowledge that if any of the above representations made are amended, including personnel changes, I will notify the Climate Action Reserve via email of such changes.

**LEAD VERIFIER**

Name:

Authorized Signature:

Title:

Date:

**Appendix A. Additional Staff**

List staff members to be assigned to the proposed verification other than the Lead Verifier and Senior Internal Reviewer, identifying any previous work these individuals have conducted for the project developer, including work conducted in the employment of other organizations.

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone number** |  |
| **Email Address** |  |
| **Business location** (city, state, country) |  |
| **Previous work/services provided for Project Developer and/or Technical Consultant** |  |
| **Date of Services** (mm/yy – mm/yy) |  |
| **Employer at time of service** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone number** |  |
| **Email Address** |  |
| **Business location** (city, state, country) |  |
| **Previous work/services provided for Project Developer and/or Technical Consultant** |  |
| **Date of Services** (mm/yy – mm/yy) |  |
| **Employer at time of service:** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone number** |  |
| **Email Address** |  |
| **Business location** (city, state, country) |  |
| **Previous work/services provided for Project Developer and/or Technical Consultant** |  |
| **Date of Services** (mm/yy – mm/yy) |  |
| **Employer at time of service** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone number** |  |
| **Email Address** |  |
| **Business location** (city, state, country) |  |
| **Previous work/services provided for Project Developer and/or Technical Consultant** |  |
| **Date of Services** (mm/yy – mm/yy) |  |
| **Employer at time of service** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone number** |  |
| **Email Address** |  |
| **Business location** (city, state, country) |  |
| **Previous work/services provided for Project Developer and/or Technical Consultant** |  |
| **Date of Services** (mm/yy – mm/yy) |  |
| **Employer at time of service** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone number** |  |
| **Email Address** |  |
| **Business location** (city, state, country) |  |
| **Previous work/services provided for Project Developer and/or Technical Consultant** |  |
| **Date of Services** (mm/yy – mm/yy) |  |
| **Employer at time of service** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone number** |  |
| **Email Address** |  |
| **Business location** (city, state, country) |  |
| **Previous work/services provided for Project Developer and/or Technical Consultant** |  |
| **Date of Services** (mm/yy – mm/yy) |  |
| **Employer at time of service** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone number** |  |
| **Email Address** |  |
| **Business location** (city, state, country) |  |
| **Previous work/services provided for Project Developer and/or Technical Consultant** |  |
| **Date of Services** (mm/yy – mm/yy) |  |
| **Employer at time of service** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone number** |  |
| **Email Address** |  |
| **Business location** (city, state, country) |  |
| **Previous work/services provided for Project Developer and/or Technical Consultant** |  |
| **Date of Services** (mm/yy – mm/yy) |  |
| **Employer at time of service** |  |

**Appendix B. Mitigation Plan**

**If a medium or high risk of COI is found, provide a mitigation plan.**

For each situation in which there may be a COI, the plan should include at least the following:

* Demonstration that any conflicted individuals (verifier or subcontractor staff) have been removed and insulated from the project.
* Explanation of any changes to organizational structure or verification team.
* 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.

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**Appendix C. Technical Consultants and Parties with a Material Interest**

**Please provide information on the business relationship(s) between the verification body and any technical consultants or parties with a material interest, if applicable. This should include services provided by the verification body for the consultant, as well as any services provided by the consultant for the verification body over the last five years.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Technical Consultant(s) to the Project Developer**  (name of organization) | **Dates of Service**  (mm/yy - mm/yy) | **Value of Services Provided to Consultant or Vice-Versa** (specific dollar value) | **% of Your Total GHG Business Unit’s[[6]](#footnote-7)\* Revenue for Year Performed** | **Description of Services**  (registry/program, project type, project name, staff, nature/reason of service, etc.) |
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| **Parties with a Material Interest in the Project**  (name of organization /  individual) | **Dates of Service**  (mm/yy - mm/yy) | **Value of Services** (specific dollar value) | **% of Your Total GHG Business Unit’s\* Revenue for year performed** | **Description of Material Interest** (registry/program, project type, project name, staff, nature/reason of service, etc.) |
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**Appendix D. Project Owners**

**Please provide information on the business relationship(s) between the verification body and any project owners if applicable. This should include services provided by the verification body for the forest owners, as well as any services provided by the project owners for the verification body over the last five years.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Owners**  (name of organization) | **Dates of Service**  (mm/yy - mm/yy) | **Value of Services Provided to Consultant or Vice-Versa** (specific dollar value) | **% of Your Total GHG Business Unit’s[[7]](#footnote-8)\* Revenue for Year Performed** | **Description of Services**  (registry/program, project type, project name, staff, nature/reason of service, etc.) |
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**Appendix E. Soil Enrichment Project Verifications**

All Soil Enrichment projects must complete Appendix E. Verifiers should also attach a current list of fields for the project/

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Question** |
|  |  | Has the project’s chosen biogeochemical model been validated?  If not, please explain and indicate the anticipated completion date |

Please indicate the number of fields to be included in this verification period:\_\_\_

Please indicate the total number of field managers included in this verification period:

Please provide an estimated number of field managers selected for site visits during verification:

Please provide an estimated number of field managers selected for desktop review during verification:

1. For desk verifications, the minimum number of projects to be verified is either equivalent to the square root of the total number of participating projects in the aggregate, or the total number of participating projects divided by 12, whichever is higher. For full site visit verifications, a minimum of 50% of all projects in the aggregate (rounding up in the case of an uneven number) must have successfully completed a full verification within the six reporting periods prior to the start of the current proposed verification, by the end of the current proposed verification. [↑](#footnote-ref-2)
2. \* North American Greenhouse Gas Business Unit, defined in the instructions (#5) on page 1 of this document. [↑](#footnote-ref-3)
3. \* North American Greenhouse Gas Business Unit, defined in the instructions (#5) page 1 of this document. [↑](#footnote-ref-4)
4. \* North American Greenhouse Gas Business Unit, defined in the instructions (#5) page 1 of this document. [↑](#footnote-ref-5)
5. [↑](#footnote-ref-6)
6. \* North American Greenhouse Gas Business Unit, defined in the instructions (#5) on page 1 of this document. [↑](#footnote-ref-7)
7. [↑](#footnote-ref-8)