



GHG LANDFILL GAS OFFSET APPLICATION FORM

Greenhouse Gas Verification Program • Carbon Offset Services

CLIENT CONTACT INFORMATION		
Company Name:		
Other Names & Legal Status:		
Primary Address:		
Name of Contact Person(s):		
Phone:		
Fax:		
Email:		
Company Website:		
PROJECT INFORMATION		
Project Name:		
Type of Service Requested:		
<input type="checkbox"/> GHG Project Validation	<input type="checkbox"/> GHG Project Verification	
Applicable GHG Program:		
<input type="checkbox"/> American Carbon Registry (ACR)		
<input type="checkbox"/> Climate Action Reserve (CAR)		
<input type="checkbox"/> Verified Carbon Standard (VCS)		
<input type="checkbox"/> Other:		
Climate Action Reserve Verification:		
a. Date project was submitted to the Reserve:		
b. Verification Type:		
<input type="checkbox"/> Initial Verification	<input type="checkbox"/> Desk Review (no site visit)	<input type="checkbox"/> Full Annual (w/site visit)
c.. Landfill Project Protocol Version:		
VCS Validation/Verification:		
a. Status of Project Design Document (PDD)		
<input type="checkbox"/> Haven't Begun	<input type="checkbox"/> In Process	<input type="checkbox"/> Complete
b. Chosen Methodology:		

PROJECT DETAILS**Scope of the Project:**

- a. Landfill gas destruction via
 Flare Engine or Boiler Upgrading to natural gas
- I. If destructing via flare, how many:
II. Is the flare open or closed:
- b. Are there any pre-project destruction devices included?

Project Start Date:**Crediting Period:****Was a Consultant Involved in the Project:****Nearest Major Airport & Distance from your Project:****Data Tracking:**

- a. Is the project data tracked continuously:
b. If so, how is it being tracked:
c. If it's electronically tracked, what type of data logger are you using:
d. At what interval is the data aggregated:

Additional Project Information:**VALIDATION/VERIFICATION SERVICE INFORMATION****Desired date/time frame for service:****Desired date/time frant for securing a statement:****Do you have contractual obligations to deliver the credits by a certain time:****ADDITIONAL INFORMATION****How did you hear about SCS' Greenhouse Gas Program?**

Are there additional SCS certification services or environmental claims your company may wish to pursue?

AFFIRMATION

I state that the above information is true and correct to the best of my knowledge and that I am duly authorized to sign this application. I agree to supply any information as needed for verification/validation of the projects to be assessed as well as comply to the relevant protocols and standards should our company pursue and achieve verification/validation.

Name:

Signature:

Title:

Date:

PLEASE RETURN THIS APPLICATION TO:

Todd Frank, Manager, Greenhouse Gas Verification Program

E-mail: tfrank@scscertified.com

Phone: 510.452.9099

Fax: 510.452.6895

As soon as we process your application, we will provide you with our proposal via e-mail.

THANK YOU FOR CHOOSING SCS!