NOTICE OF VALIDATION/VERIFICATION SERVICES FORM

Validation/verification bodies (VVBs) must use this form when conducting validation and/or verification services under Verra programs.

VVBs must provide all requested information and submit the form electronically to Verra at [auditing@verra.org](mailto:auditing@verra.org) a minimum of 15 business days prior to conducting the validation or verification opening meeting. Supplementary information may be submitted as attachments.

# General Information

|  |  |
| --- | --- |
| **Date of form submission** |  |
| **VVB** | *Organization name* |
| **Main contact** | *Name and email address* |

# Validation/Verification Services

## Project Information

|  |  |  |
| --- | --- | --- |
| **Project ID** |  | |
| **Project name** |  | |
| **Project proponent(s)** |  | |
| **Other entities** |  | |
| **Program(s)** |  | Climate, Community & Biodiversity (CCB) Program |
|  | Plastic Waste Reduction Program (Plastic Program) |
|  | Sustainable Development Verified Impact Standard (SD VISta) Program |
|  | Verified Carbon Standard (VCS) Program |

## Services and Site Visit Information

|  |  |  |
| --- | --- | --- |
| **Service(s) to be conducted** |  | Validation |
|  | Verification |
| **Verification period (if applicable)** |  | |
| **Opening meeting date** |  | |
| **Site visit date(s)** |  | |
| **Site visit location** | *Provide project location and sites (e.g., facilities, plots) to be visited.* | |
| **Description** | *Provide a brief description of planned site visit activities.* | |

# Assessment Team

|  |  |
| --- | --- |
| **Lead assessor** | *Name and organization* |
| **Independent reviewer** | *Name and organization* |
| **Technical/regional expert (if applicable)** | *Name and organization* |
| **Assessment team members attending site visit** | *Identify members of the assessment team attending the site visit(s). Include their role on the assessment team.* |