

Validation/verification body application form**.**

This form must be used by organizations applying to become an approved validation/verification body (VVB) for the SOCIALCARBON Standard. Applicants must provide all information requested by this form, sign the form and submit it electronically to Social Carbon Foundation at operations@socialcarbon.org. Details on the conditions which must be satisfied prior to approval as a VVB may be found in the relevant SOCIALCARBON Standard rules.

Supplemental information may be submitted as attachments. All information in the tables below must be completed using Arial 10 point or Gothic 10.5 point, black, regular (non-italic) font.

Where an organization is already an approved VVB under the SOCIALCARBON Standard, applicants are only required to complete the relevant sections for the new program(s) for which the VVB is applying.

Upon receipt of an application, Social Carbon Foundation will review the information provided and report the results to the applicant within 10 business days. Social Carbon Foundation reserves the right to reject applications where it questions the applicant’s ability to provide competent services under the applicable program(s).

Upon approval of the application, Social Carbon Foundation will invite the applicant to submit a signed copy of the *SOCIALCARBON-VVB Agreement*. Social Carbon Foundation will invoice the applicant for the VVB annual fee (where applicable) upon receipt of the signed *SOCIALCARBON-VVB Agreement*. Once the fee has been paid, Social Carbon Foundation will add the newly approved VVB to the list(s) of approved active VVBs, which are published on the SOCIALCARBON website.

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| General Information |
| Date  | *Date of submission* |
| Name of applicant  | *Name of organization submitting application*  |
| Location | *Physical address of applicant* |
| Main contact (to be listed on SOCIALCARBON website) | *Contact name, email address and phone number* |
| Finance contact (for purposes of submitting invoice for VVB annual fee, where applicable) | *Contact name, email address and phone number* |

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| **SOCIALCARBON Accreditation Information** |
| **Accreditation body** | *Please identify here the organization and standard through which the applicant has been accredited.* |
| Sectoral scopes accredited for validation (check all that apply) |  | 1. Energy (renewable/non-renewable) |
|  | 2. Energy distribution |
|  | 3. Energy demand |
|  | 4. Manufacturing industries |
|  | 5. Chemical industry |
|  | 6. Construction |
|  | 7. Transport |
|  | 8. Mining/Mineral production |
|  | 9. Metal production |
|  | 10. Fugitive emissions from fuels |
|  | 11. Fugitive emissions from industrial gases |
|  | 12. Solvents use |
|  | 13. Waste handling and disposal |
|  | 14. Agriculture, Forestry, Land Use |
|  | 15. Livestock and manure management |
| Sectoral scopes accredited for verification (check all that apply) |  | 1. Energy (renewable/non-renewable) |
|  | 2. Energy distribution |
|  | 3. Energy demand |
|  | 4. Manufacturing industries |
|  | 5. Chemical industry |
|  | 6. Construction |
|  | 7. Transport |
|  | 8. Mining/Mineral production |
|  | 9. Metal production |
|  | 10. Fugitive emissions from fuels |
|  | 11. Fugitive emissions from industrial gases |
|  | 12. Solvents use |
|  | 13. Waste handling and disposal |
|  | 14. Agriculture, Forestry, Land Use |
|  | 15. Livestock and manure management |
| **Proof of accreditation** | *Provide evidence of the information provided in the rows above. This may include accreditation certificates and/or a URL for official listing on accreditation body’s website.* |

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| Insurance Information |
| Insurer | *Name of organization/entity providing professional indemnity insurance* |
| Amount | *Amount for which the applicant has professional indemnity insurance. If insurance is in a currency other than USD, please include USD equivalence.* |
| Geographic coverage | *Include information on geographic coverage of insurance (i.e., globally applicable or only certain regions covered)* |
| Evidence | *Provide evidence of professional indemnity insurance coverage, to include a copy of the applicant’s certificate of insurance* |

By signing and submitting this application to Social Carbon Foundation, I hereby attest the information presented above is true, accurate and complete to the best of my knowledge.

Name of entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_

Name of signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_