

**Form 4: Verification Team**

In the fields below, identify the Offset Project Category, Verification Team Leader(s), and Key Personnel that will provide verification services (add additional pages as required). In the organizational affiliation column, indicate the organization that employs the individual. If accreditation is being sought for more than one offset project category, provide a separate Form 4 for each offset project category for which accreditation is being sought.

<b>Offset Project Category</b>		
<b>Verification Team</b>		
<b>Role</b>	<b>Name</b>	<b>Organizational Affiliation</b>
Verification Team Leader:		
Verification Team Leader:		
Key Personnel:		

Provide as an attachment detailed resumes for all Verification Team Leaders(s) and Key Personnel. Resumes should include identification of any audit certification or registration programs under which the individual is accredited or certified.

If any of the individuals listed above are not employees of the Applicant, attach a signed copy of the contract or engagement letter between the individual and the Applicant.

Each attachment must include a header that identifies it as an attachment to Form 4.