# Industrial Projects Desk-Based Review Request Form

Instructions Validation and Verification Bodies (VVBs) reviewing industrial projects may use this form to apply for a desk-based review in lieu of a site visit when the criteria noted in the [Industrial Projects Desk-Based Review Policy](https://acrcarbon.org/program_resources/ip-desk-based-review-policy/) are met. Projects that do not meet the criteria in the Industrial Projects Desk-Based Review Policy must follow the site visit requirements outlined in the *ACR Standard*, the relevant ACR Methodology, or the relevant Errata and Clarifications.

Follow all instructions found within each section and provide all requested information. If a field is not applicable, respond with “N/A.” The Industrial Projects Desk-Based Review Request Form must be signed by duly authorized representatives of the VVB, the Project Proponent, and the facility; saved as a PDF; and submitted for ACR approval via upload to the corresponding project within the ACR Registry. The VVB must submit this form at the same time as the VVB Project-Specific Conflict of Interest Form.

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| **section I: project for which the VVB is requesting a desk-based review** | | |
| **1** | Project title |  |
| **2** | ACR project ID |  |
| **3** | Relevant Methodology (title and version) |  |
| **4** | Relevant Errata and Clarifications (date) | Click or tap to enter a date.  N/A |
| **5** | Expected commencement of validation/ verification services (i.e., kick-off call with Project Proponent/Project Developer) | Click or tap to enter a date.  N/A |
| **6** | Expected date of completion of desk-based review (i.e., expected date of submission of the Validation and Verification Report and Validation and Verification Opinion) | Click or tap to enter a date. |
| **7** | Facility name for which the VVB is requesting to replace a site visit with a desk-based review |  |
| **8** | Facility location |  |
| **8** | Current facility owner |  |
| **section II: INFORMATION on relevant parties** | | |
| **1** | Validation/Verification Body (VVB) |  |
| **2** | Lead Verifier |  |
| **3** | Project Proponent (or Project Developer) |  |
| **3** | Facility Representative Name |  |
| SECTION III: PREVIOUS SITE VISIT | | |
| To be eligible for a desk-based review for this project, the same VVB and lead verifier must have completed one site visit at the same facility of another project developed by the Project Proponent (or Project Developer) under the same ACR methodology and version within the previous 12 months of when validation/verification services are expected to commence. There must *not* have been any changes to the relevant ACR methodology’s Errata and Clarifications that apply to activities at the facility since the previous site visit. **The fields below refer to the project under which this previous relevant site visit occurred, and the site visit itself.** | | |
| **1** | Date of previous site visit to facility noted in I.7 | Click or tap to enter a date. |
| **2** | Project title under which the site visit occurred |  |
| **3** | ACR project ID under which the site visit occurred |  |
| **4** | Relevant Methodology (title and version) for the project noted in III.2 and III.3 |  |
| **5** | Relevant Errata and Clarifications (date) for the project noted in III.2 and III.3 | Click or tap to enter a date.   N/A |
| **6** | VVB for site visit |  |
| **7** | Lead verifier for site visit |  |
| **8** | Project Proponent (or Project Developer) for project noted in III.2 and III.3 |  |
| **9** | Facility owner during site visit noted in III.1 |  |
| SECTION IV: FACILITY CHANGES | | |
| Between the site visit referenced in Section III and the desk-based review, the processes and equipment at the facility that could affect verification must not have changed. **This section shall be completed by the Facility Representative and the Project Proponent (or Project Developer).** | | |
| **1** | Has there been a change in facility ownership since the site visit date noted in III.1? | Yes  No |
| **2** | Did any processes, procedures, or equipment that could affect verification occur at the facility noted in I.7 (or are scheduled to occur before commencement of the desk-based review) since the date noted in III.1? | Yes  No |
| **3** | If the response to IV.2 was “Yes,” describe in detail what changes occurred that could affect verification. Attach additional pages if necessary. | |
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| section V: Attestation | |
| Instructions   * The Desk-Based Review Request Form must be signed by a duly authorized representative of the Validation/Verification Body, Project Proponent, and Facility Representative. * The signature may not be inserted by typing or affixing an image file. * The signature may be executed: * via encrypted digital signature (i.e. DocuSign), or * by printing the signature page, using a wet signature, scanning the signature page, and inserting it into the final PDF. | |
| **The Validation/Verification Body hereby represents and warrants to the American Carbon Registry (ACR), its affiliates and supporting organizations and any assignee of substantially all of the assets comprising ACR, that:** | |
| **1** | All information provided in Sections I through III of this form is true, correct, and complete to the best of their knowledge, information and belief. They further agree to notify ACR promptly in the event that they become aware that any representation or warranty set forth above was not true when made. |
| **2** | Signatory is a duly authorized representative as of the date set forth below. |

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| **Validation/Verification Body Representative Signature** |  |

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| **Name** | |  |
| **Title** | |  |
| **Organization** | |  |
| **Signature Date** | | Click or tap to enter a date. |
| **The Project Proponent (or Project Developer) hereby represents and warrants to the American Carbon Registry (ACR), its affiliates and supporting organizations and any assignee of substantially all of the assets comprising ACR, that:** | | |
| **1** | All information provided in this form is true, correct, and complete to the best of their knowledge, information and belief. They further agree to notify ACR promptly in the event that they become aware that any representation or warranty set forth above was not true when made. | |
| **2** | Signatory is a duly authorized representative as of the date set forth below. | |

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| **Project Proponent (or Project Developer) Representative Signature** |  |

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| **Name** |  |
| **Title** |  |
| **Organization** |  |
| **Signature Date** | Click or tap to enter a date. |

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| **The facility representative hereby represents and warrants to the American Carbon Registry (ACR), its affiliates and supporting organizations and any assignee of substantially all of the assets comprising ACR, that:** | |
| **1** | All information provided in section IV of this form is true, correct, and complete to the best of their knowledge, information and belief. They further agree to notify ACR promptly in the event that they become aware that any representation or warranty set forth above was not true when made. |
| **2** | They agree to a desk-based review instead of a site visit to their facility. |
| **3** | Signatory is a duly authorized representative as of the date set forth below. |

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| **Facility Representative Signature** |  |

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| **Name** |  |
| **Title** |  |
| **Organization** |  |
| **Signature Date** | Click or tap to enter a date. |

For Staff Use Only

**ACR Determination**

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| determination date | Click or tap to enter a date. |