

EARLY ACTION DESK REVIEW FINDINGS				
ARB Staff Use Only	ARB Form Tracking Number:	Date Findings Received:	Date Findings Processed:	ARB Staff Use Only
	Date Findings Reviewed:	Date More Information Requested:	Date Findings Approved:	
PART I. VERIFICATION BODY INFORMATION				
Verification Body Name: SES, Inc.			Verification Body ID Number: H2-12-011	
PART II. EARLY ACTION PROJECT INFORMATION				
Early Action Project Name: Coolgas ODS 2013 Project #1			EAOP Project ID#: CAR1023	ARB Project ID#: CAOD0091
Name of Party Requesting Desk Review: Coolgas, Inc.				
Reporting Period Start Date: July 12, 2013		Reporting Period End Date: July 26, 2013		
<i>Note: A separate Early Action Desk Review Findings must be provided for each reporting period being reviewed.</i>				
Part III. ATTACHMENT				
<input checked="" type="checkbox"/> Report Detailing the Desk Review Findings				
Part IV. DESK REVIEW FINDINGS SUMMARY				
1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable early action reporting period?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE				
<i>If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.</i>				
Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING				
SIGNATURE:		PRINTED NAME:		
TITLE:		DATE:		

Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE IF CONCURRING

I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.

ATTESTATION SIGNATURE: [REDACTED]	PRINTED NAME: Frank Bryant
TITLE: President	DATE: August 22, 2014

Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER

I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.

ATTESTATION SIGNATURE: [REDACTED]	PRINTED NAME: Frank Bryant
TITLE: President	DATE: August 22, 2014

Email the information in this form to
ghgoffsetverification@arb.ca.gov