

APPLICATION FOR LISTING AN EARLY ACTION PROJECT

ARB Staff Use Only	ARB Project ID Number:	ARB Form Tracking Number:	Date Application Received:	ARB Staff Use Only
	Date Application Processed:	Date Application Reviewed:	Date Application Approved:	

PART I. ENTITY SUBMITTING INFORMATION

Who is submitting this form, i.e., the Offset Project Operator (OPO), Authorized Project Designee (APD), or a holder of early action offset credits?

Notes:

- A holder of early action offset credits may apply to ARB for listing only if neither the OPO nor APD has listed the project.
- The person completing this form should be an employee of the OPO or APD or a holder of early action offset credits.

OPO
 APD
 Holder

OPO/APD/Holder Name: [REDACTED] CITSS ID Number (if known): [REDACTED]

Mailing Address (if different): [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Street Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Person Completing Form: [REDACTED] Phone Number: [REDACTED] Email Address: [REDACTED]

PART II. EARLY ACTION PROJECT INFORMATION

Early Action Project Name: McCloud River EAOP Project ID Number: CAR429

Location/Street Address: [REDACTED] City: [REDACTED] State: CA Zip: [REDACTED]

Latitude: 41.226 Longitude: -121.964

Offset Project Operator (OPO): Bascom Pacific, LLC Authorized Project Designee (APD), if applicable: Blue Source LLC

Date Project Listed with EAOP: 01-17-2009 Project Commencement Date: 08-21-2006 Date of Early Action Quantification Methodology: 09-06-2007

Early Action Quantification Methodology:

CAR U.S. Livestock Project
 CAR Urban Forest Project
 CAR U.S. Ozone Depleting Substances Project
 CAR Forest Project
 (CAR = Climate Action Reserve)

Version: 1.0 2.0 2.1 2.2 3.0
 Version: 1.0 1.1
 Version: 1.0
 Version: 2.1 3.0 3.1 3.2

PART III. VERIFICATION BODIES

Provide the names of all verification bodies associated with the early action project.

Name of Verification Body (1): SCS Global Services	Name of Verification Body (2):
Name of Verification Body (3):	Name of Verification Body (4):
Name of Verification Body (5):	Name of Verification Body (6):

PART IV. REPORTING PERIODS

	Reporting Period Start Date:	Reporting Period End Date:	Vintage Year of Issued Credits:	Submitted For ARB Offset Credit Issuance?
1.	08/21/2006	12/31/2006	2006	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	01/01/2007	12/31/2007	2007	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	01/01/2008	12/31/2008	2008	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	01/01/2009	12/31/2009	2009	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	01/01/2010	12/31/2010	2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	01/01/2011	12/31/2011	2011	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PART V. SIGNATURE

In signing this form, I certify under penalty of perjury of the laws of California that the information contained in this form is true, accurate and complete. I further certify that I am duly authorized to represent and legally bind the Offset Project Operator (OPO), Authorized Project Designee (APD), or holder of Early Action Offset Credits on all matters related to this form.

SIGNATURE: 	PRINTED NAME: Roger Williams
TITLE: President - Blue Source	DATE SIGNED: 11/25/2013

APPLICATION FOR LISTING AN EARLY ACTION PROJECT				
ARB Staff Use Only	ARB Project ID Number:	ARB Form Tracking Number:	Date Application Received:	
	Date Application Processed:	Date Application Reviewed:	Date Application Approved:	
ARB Staff Use Only				
PART I. ENTITY SUBMITTING INFORMATION				
Who is submitting this form, i.e., the Offset Project Operator (OPO), Authorized Project Designee (APD), or a holder of early action offset credits?				<input type="checkbox"/> OPO <input checked="" type="checkbox"/> APD <input type="checkbox"/> Holder
Notes: 1. A holder of early action offset credits may apply to ARB for listing only if neither the OPO nor APD has listed the project. 2. The person completing this form should be an employee of the OPO or APD or a holder of early action offset credits.				
OPO/APD/Holder Name:			CITSS ID Number (if known):	
Mailing Address (if different):			City:	State: Zip:
Street Address:			City:	State: Zip:
Person Completing Form:	Phone Number:	Email Address:		
PART II. EARLY ACTION PROJECT INFORMATION				
Early Action Project Name: McCloud River			EAOP Project ID Number: CAR429	
Location/Street Address:			City:	State: Zip:
Latitude: 41.226			Longitude: -121.964	
Offset Project Operator (OPO): Bascom Pacific, LLC			Authorized Project Designee (APD), if applicable: Blue Source LLC	
Date Project Listed with EAOP: 01/17/2009	Project Commencement Date: 08-21-2006	Date of Early Action Quantification Methodology: 09-06-2007		
Early Action Quantification Methodology:			Version:	
<input type="checkbox"/> CAR U.S. Livestock Project Version: <input type="checkbox"/> CAR Urban Forest Project Version: <input type="checkbox"/> CAR U.S. Ozone Depleting Substances Project Version: <input checked="" type="checkbox"/> CAR Forest Project Version: <input type="checkbox"/> CAR Coal Mine Methane Project Version: <input type="checkbox"/> VCS VMR0001* <input type="checkbox"/> VCS VMR0002* <input type="checkbox"/> ACR Voluntary Emission Reductions in Rice Management Systems – California Module, version 1.0* <input type="checkbox"/> ACR Voluntary Emission Reductions in Rice Management Systems – Mid-South Module, version 1.0*			<input type="checkbox"/> 1.0 <input type="checkbox"/> 2.0 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 3.0 <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.1 <input type="checkbox"/> 1.0 <input checked="" type="checkbox"/> 2.1 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.1	
(*Note: See instructions for full name.) (ACR = American Carbon Registry; CAR = Climate Action Reserve; VCS = Verified Carbon Standard)				

PART III. VERIFICATION BODIES*Provide the names of all verification bodies associated with the early action project.*

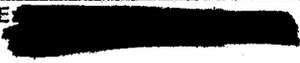
Name of Verification Body (1): SCS Global Services	Name of Verification Body (2):
Name of Verification Body (3):	Name of Verification Body (4):
Name of Verification Body (5):	Name of Verification Body (6):

PART IV. REPORTING PERIODS*Provide below each reporting period for the early action project which have been issued early action credits.*

	Reporting Period Start Date:	Reporting Period End Date:	Vintage Year(s) of Issued Credits:	Listing with ARB? (New, Previous, No)
1.	1/1/2012	12/31/2012	2012	<input checked="" type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
2.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
3.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
4.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
5.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
6.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
7.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
8.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
9.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
10.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
11.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
12.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
13.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No

PART V. SIGNATURE

In signing this form, I certify under penalty of perjury of the laws of California that the information contained in this form is true, accurate and complete. I further certify that I am duly authorized to represent and legally bind the Offset Project Operator (OPO), Authorized Project Designee (APD), or holder of Early Action Offset Credits on all matters related to this form.

SIGNATURE: 	PRINTED NAME: Roger Williams
TITLE: President	DATE SIGNED: 11/19/2015