

APPLICATION FOR LISTING AN EARLY ACTION PROJECT

ARB Staff Use Only	Date Application Received:	ARB Tracking Number:	Date Application Reviewed:	ARB Staff Use Only
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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 or intends to list 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:		CITSS ID Number (if known):	
[REDACTED]		[REDACTED]	
Mailing Address (if different):	City:	State:	Zip:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Street Address:	City:	State:	Zip:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Person Completing Form:	Phone Number:	Email Address:	
[REDACTED]	[REDACTED]	[REDACTED]	

PART II. EARLY ACTION PROJECT INFORMATION

Early Action Project Name:		EAOP Project ID Number:	
Miedema Dairy		CAR 836	
Location/Street Address:	City:	State:	Zip:
24376 State Route 104	Circleville	OH	43113
Latitude:	Longitude:		
39.5780	-83.0018		
Offset Project Operator (OPO):		Authorized Project Designee (APD), if applicable:	
Environmental Credit Corp.			
Date Project Listed with EAOP:	Project Commencement Date:	Date of Early Action Quantification Methodology:	
7/21/2011	7/6/2009	9/29/2010	
Early Action Quantification Methodology:			
<input checked="" type="checkbox"/> CAR U.S. Livestock Project <input type="checkbox"/> CAR Urban Forest Project <input type="checkbox"/> CAR U.S. Ozone Depleting Substances Project <input type="checkbox"/> CAR Forest Project (CAR = Climate Action Reserve)		Version: <input type="checkbox"/> 1.0 <input type="checkbox"/> 2.0 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input checked="" type="checkbox"/> 3.0 Version: <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.1 Version: <input type="checkbox"/> 1.0 Version: <input type="checkbox"/> 2.1 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2	

PART III. VERIFICATION BODIES

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

Name of Verification Body (1):	Name of Verification Body (2):
SES Inc.	
Name of Verification Body (3):	Name of Verification Body (4):
Name of Verification Body (5):	Name of Verification Body (6):

PART IV. REPORTING PERIODS

1.	Start Date of Reporting Period: 7/9/2009	End Date of Reporting Period: 12/31/2009	Vintage of Issued Credits: 2009
2.	Start Date of Reporting Period: 1/1/2010	End Date of Reporting Period: 12/31/2010	Vintage of Issued Credits: 2010
3.	Start Date of Reporting Period: 1/1/2011	End Date of Reporting Period: 8/31/2011	Vintage of Issued Credits: 2011
4.	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
5.	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
6.	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:

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: Derek Six
TITLE: CEO	DATE SIGNED: 2/13/2013