

**APPLICATION FOR LISTING AN EARLY ACTION PROJECT**

<b>ARB Staff Use Only</b>	<b>Date Application Received:</b>	<b>ARB Tracking Number:</b>	<b>Date Application Reviewed:</b>	<b>ARB Staff Use Only</b>
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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**

<b>OPO/APD/Holder Name:</b> ██████████		<b>CITSS ID Number (if known):</b> ██████████	
<b>Mailing Address (if different):</b>		<b>City:</b>	<b>State:</b>
<b>Street Address:</b> ██████████		<b>City:</b> ██████████	<b>State:</b> ██████
<b>Person Completing Form:</b> ██████████	<b>Phone Number:</b> ██████████	<b>Email Address:</b> ██████████	

**PART II. EARLY ACTION PROJECT INFORMATION**

<b>Early Action Project Name:</b> Green Valley Dairy		<b>EAOP Project ID Number:</b> CAR504	
<b>Location/Street Address:</b> N5365 Hintz Road		<b>City:</b> Krakow	<b>State:</b> WI
<b>Latitude:</b> 44.780724		<b>Longitude:</b> -88.291793	
<b>Offset Project Operator (OPO):</b> TerraPass, Inc.		<b>Authorized Project Designee (APD), if applicable:</b>	
<b>Date Project Listed with EAOP:</b> October 16, 2009	<b>Project Commencement Date:</b> February 15, 2006	<b>Date of Early Action Quantification Methodology:</b> September 29, 2010	
<b>Early Action Quantification Methodology:</b>			
<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.*

<b>Name of Verification Body (1):</b> SCS Engineers	<b>Name of Verification Body (2):</b>
<b>Name of Verification Body (3):</b>	<b>Name of Verification Body (4):</b>
<b>Name of Verification Body (5):</b>	<b>Name of Verification Body (6):</b>

**PART IV REPORTING PERIODS**

1.	Start Date of Reporting Period: 3/1/2009	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: 12/31/2011	Vintage of Issued Credits: 2011
4.	Start Date of Reporting Period: 1/1/2012	End Date of Reporting Period: 4/30/2012	Vintage of Issued Credits: 2012
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: Erin Craig
TITLE: CEO	DATE SIGNED: March 25, 2013

**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:

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- 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: Green Valley Dairy EAOP Project ID Number: CAR504

Location/Street Address: N5365 Hintz Road City: Krakow State: WI Zip: 54137

Latitude: 44.781 Longitude: -88.292

Offset Project Operator (OPO): TerraPass Inc. Authorized Project Designee (APD), if applicable:

Date Project Listed with EAOP: October 16, 2009 Project Commencement Date: February 15, 2006 Date of Early Action Quantification Methodology: September 29, 2010

Early Action Quantification Methodology:

<input checked="" type="checkbox"/> CAR U.S. Livestock Project	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
<input type="checkbox"/> CAR Urban Forest Project	Version: <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.1
<input type="checkbox"/> CAR U.S. Ozone Depleting Substances Project	Version: <input type="checkbox"/> 1.0
<input type="checkbox"/> CAR Forest Project	Version: <input type="checkbox"/> 2.1 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2

(CAR = Climate Action Reserve)

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

Name of Verification Body (1): SCS Engineers	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**

	Reporting Period Start Date:	Reporting Period End Date:	Vintage Year of Issued Credits:	Submitted For ARB Offset Credit Issuance?
1.	3/1/2009	12/31/2009	2009	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	1/1/2010	12/31/2010	2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	1/1/2011	12/31/2011	2011	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	1/1/2012	4/30/2012	2012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	5/1/2012	4/30/2013	2012/2013	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.				<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: Erin Craig
TITLE: CEO, TerraPass	DATE SIGNED: February 26, 2014

**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:

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

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: Green Valley Dairy EAOP Project ID Number: CAR504

Location/Street Address: N5365 Hintz Road City: Krakow State: WI Zip: 54137

Latitude: 44.781 Longitude: -88.292

Offset Project Operator (OPO): Origin Climate Inc. Authorized Project Designee (APD), if applicable: n/a

Date Project Listed with EAOP: October 16, 2009 Project Commencement Date: February 15, 2006 Date of Early Action Quantification Methodology: September 29, 2010

Early Action Quantification Methodology:

CAR U.S. Livestock Project Version:  1.0  2.0  2.1  2.2  3.0

CAR Urban Forest Project Version:  1.0  1.1

CAR U.S. Ozone Depleting Substances Project Version:  1.0

CAR Forest Project Version:  2.1  3.0  3.1  3.2

CAR Coal Mine Methane Project Version:  1.0  1.1

VCS VMR0001\*

VCS VMR0002\*

(\*Note: See instructions for full name.)  
 (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 Engineers	Name of Verification Body (2): SES, Inc.
Name of Verification Body (3): Agri-Waste Technology, Inc.	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.	3/1/2009	12/31/2009	2009	<input type="checkbox"/> New <input checked="" type="checkbox"/> Prev. <input type="checkbox"/> No
2.	1/1/2010	12/31/2010	2010	<input type="checkbox"/> New <input checked="" type="checkbox"/> Prev. <input type="checkbox"/> No
3.	1/1/2011	12/31/2011	2011	<input type="checkbox"/> New <input checked="" type="checkbox"/> Prev. <input type="checkbox"/> No
4.	1/1/2012	4/30/2012	2012	<input type="checkbox"/> New <input checked="" type="checkbox"/> Prev. <input type="checkbox"/> No
5.	5/1/2012	4/30/2013	2012/2013	<input type="checkbox"/> New <input checked="" type="checkbox"/> Prev. <input type="checkbox"/> No
6.	5/1/2013	4/30/2014	2013/2014	<input checked="" 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: Mark Mondik
TITLE: Managing Director	DATE SIGNED: April 6, 2015