


APPLICATION FOR LISTING AN EARLY ACTION PROJECT				
ARB Staff Use Only	Date Application Received:	ARB Tracking Number:	Date Application Reviewed:	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 type="checkbox"/> APD <input checked="" 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 or intends to list 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:			EAOP Project ID Number:	
Holsum Elm			CAR599	
Location/Street Address:		City:	State:	Zip:
6008 North Elm Road		Hilbert	WI	51429
Latitude:		Longitude:		
Offset Project Operator (OPO):		Authorized Project Designee (APD), if applicable:		
Holsum Dairies, LLC				
Date Project Listed with EAOP:	Project Commencement Date:	Date of Early Action Quantification Methodology:		
04/22/2010	01/01/2007	11/03/2009		
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 checked="" type="checkbox"/> 2.2 <input 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):		
TUV SUD America, Inc.		First Environment, 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: 05/15/2009	End Date of Reporting Period: 03/31/2010	Vintage of Issued Credits: 2009, 2010
2.	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
3.	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
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: Jeff Wade
TITLE: General Counsel & CCO	DATE SIGNED: 5/16/13