

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?

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): _____

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: **Hidden View Dairy** EAOP Project ID Number: **CAR 489**

Location/Street Address: **1498 W. State Road 14** City: **Rensselaer** State: **IN** Zip: **47978**

Latitude: **41.0276** Longitude: **-87.0750**

Offset Project Operator (OPO): **Environmental Credit Corp.** Authorized Project Designee (APD), if applicable: _____

Date Project Listed with EAOP: **08/28/2009** Project Commencement Date: **01/01/2007** Date of Early Action Quantification Methodology: **9/29/2010**

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 = 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): SES, Inc.	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

1.	Start Date of Reporting Period: 6/1/2009	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: 12/31/2012	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: Derek Six
TITLE: CEO	DATE SIGNED: 5/13/2013