

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: _____ CITSS ID Number (if known): CA _____

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: Grotegut Dairy Farm, Inc. EAOP Project ID Number: CAR612

Location/Street Address: 7427 Newton Road City: Newton State: WI Zip: 53063

Latitude: 43.9937 Longitude: -87.7547

Offset Project Operator (OPO): Grotegut Dairy Farm, Inc. Authorized Project Designee (APD), if applicable: Ag Methane Advisors, LLC

Date Project Listed with EAOP: 04/22/2010 Project Commencement Date: 03/12/2009 Date of Early Action Quantification Methodology: 11/03/2009

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): Ruby Canyon Engineering	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.	03.12.2009	12.31.2009	2009	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	01.01.2010	12.31.2010	2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	01.01.2011	12.31.2011	2011	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	01.01.2012	07.31.2012	2012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input 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: Patrick J. Wood
TITLE: General Manager	DATE SIGNED: 11.1.13

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:	
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:			EAOP Project ID Number:	
Grotegut Dairy Farm, Inc.			CAR612	
Location/Street Address:		City:	State:	Zip:
7427 Newton Road		Newton	WI	53063
Latitude:		Longitude:		
43.9937		-87.7547		
Offset Project Operator (OPO):		Authorized Project Designee (APD), if applicable:		
Grotegut Dairy Farm, Inc.		Ag Methane Advisors, LLC		
Date Project Listed with EAOP:	Project Commencement Date:	Date of Early Action Quantification Methodology:		
04/22/2010	03/12/2009	09/29/2010		
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): Ruby Canyon Engineering	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.	08.01.2012	07.31.2013	2012,2013	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input 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: Patrick J. Wood
TITLE: General Manager	DATE SIGNED: 1.30.15