State of California
California Environmental Protection Agency
California Air Resources Board
APPLICATION FOR LISTING AN EARLY ACTION PROJECT

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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:	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:
CSE AZ Facility I	CAR799

Location/Street Address:	City:	State:	Zip:
29115 W Broadway Rd.	Buckeye	AZ	85326

Latitude:	Longitude:

Offset Project Operator (OPO):	Authorized Project Designee (APD), if applicable:
CSE Operating I, LLC	

Date Project Listed with EAOP:	Project Commencement Date:	Date of Early Action Quantification Methodology:
01/20/2011	05/25/2011	09/29/2010

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): 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.	05/25/2011	12/31/2011	2011	☒ Yes ☐ No
2.	01/01/2012	12/31/2012	2012	☒ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No
5.				☐ Yes ☐ No
6.				☐ Yes ☐ 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: James H. Winch III
TITLE: Vice President, Operations	DATE SIGNED: 06/30/2014