

**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: DPC Domestic ODS Destruction Project #13 EAOP Project ID Number: CAR1003

Location/Street Address: 309 American Circle City: El Dorado State: AR Zip: 71730

Latitude: 33.2054 Longitude: -92.6318

Offset Project Operator (OPO): Diversified Pure Chem, LLC Authorized Project Designee (APD), if applicable:

Date Project Listed with EAOP: 05/31/2013 Project Commencement Date: 05/31/2013 Date of Early Action Quantification Methodology: 02/03/2010

Early Action Quantification Methodology:

- CAR U.S. Livestock Project  
 CAR Urban Forest Project  
 CAR U.S. Ozone Depleting Substances Project  
 CAR Forest Project  
 (CAR = Climate Action Reserve)

Version:  1.0  2.0  2.1  2.2  3.0  
 Version:  1.0  1.1  
 Version:  1.0  
 Version:  2.1  3.0  3.1  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.	05/31/2013	06/05/2013	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:  
Justin McCoyTITLE:  
Financial AnalystDATE SIGNED:  
08/20/2013