

OZONE DEPLETING SUBSTANCES OFFSET PROJECT DATA FORM

OPR STAFF USE ONLY

Date Application Received:	OPR Tracking Number:	Date Application Reviewed:
----------------------------	----------------------	----------------------------

PART I: ENTITY SUBMITTING REPORT

Is this form being submitted by the Offset Project Operator (OPO) or by the Authorized Project Designee (APD)? <input type="checkbox"/> OPO <input type="checkbox"/> APD NOTE: The person completing this form should be an OPO/APD employee.	
Report Version Number:	
Date Report Completed:	Date Report Submitted:
Person Completing Report:	
Telephone Number:	Email Address:

PART II: OFFSET PROJECT INFORMATION

Offset Project Name:	OPR Project ID #:
CARB Project ID Number (if known):	Offset Project Commencement Date:
Reporting Period Start Date:	Reporting Period End Date:
Protocol Version for Project Listing: <input type="checkbox"/> October 20, 2011 <input type="checkbox"/> November 14, 2014	Protocol Version for Project Reporting: <input type="checkbox"/> October 20, 2011 <input type="checkbox"/> November 14, 2014

PART III. OPO/APD INFORMATION

PART III-A: OPO

OPO Name:	OPO's CITSS ID#:					
	C	A				
Mailing Address:	City/State/Zip Code:					
Street Address (if different):	City/State/Zip Code:					
Contact Person:	Telephone Number:					
Email Address						

OZONE DEPLETING SUBSTANCES OFFSET PROJECT DATA FORM

PART VII. QUESTIONS

<p>1. How many parties are in the chain of custody for this project? (List all parties in the chain of custody, including their role and contact information in the Appendix at the end of this report).</p> <p>Number:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. Has the offset project met all local, state, and federal regulatory requirements during the Reporting Period, except for any period being excluded pursuant to section 95973(b)(1)?</p> <p>Indicate any excluded time periods:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>3. Is all information in the offset project listing still accurate? If "yes," skip to Part VIII.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>a. Does Part II above report an updated Offset Project Commencement Date Reporting Period Start Date, and/or Reporting Period End Date?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>b. Does Part III above report updated OPO/APD Information?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>c. Does Part V above report a Destruction Facility different than the one named in the offset project listing?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>d. Are there any updates to report for Technical Consultants or Other Parties with a Material Interest?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If "yes" for 3b, provide those updates:</p>		
<p>e. Is there an updated list of all Points of Origin by U.S. state for ODS sourced for this project?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If "yes" for 3e provide the updated list:</p>		
<p>f. Does Part VI above provide an updated list of eligible ODS species destroyed in this project?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>g. Does any other information in the project listing need to be updated?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If "yes" for 3g provide those updates:</p>		

OZONE DEPLETING SUBSTANCES OFFSET PROJECT DATA FORM

PART VIII: ATTESTATIONS AND OPO SIGNATURE

Initial:	I certify under penalty of perjury under the laws of the State of California the GHG reductions and/or GHG removal enhancements for		
	Project Name:	from Reporting Period State Date:	to Reporting Period End Date:
	are measured in accordance with the Compliance Offset Protocol		
	Check the appropriate Compliance Offset Protocol: <input type="checkbox"/> Ozone Depleting Substances Projects, October 20, 2011 <input type="checkbox"/> Ozone Depleting Substances Projects, November 14, 2014		
	and all information required to be submitted to ARB is true, accurate, and complete.		
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 an Account Representative of the Offset Project Operator (OPO).			
Signature:		Printed Name:	
Title:		Date:	

APPENDIX: PARTIES IN CHAIN OF CUSTODY

1. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:
2. Name of Party:	
Party's Role:	
Mailing Address:	State/City/Zip:
Contact Person:	
Telephone Number:	Email Address:

OZONE DEPLETING SUBSTANCES OFFSET PROJECT DATA FORM

3. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

4. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

5. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

6. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

OZONE DEPLETING SUBSTANCES OFFSET PROJECT DATA FORM

7. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

8. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

9. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

10. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

OZONE DEPLETING SUBSTANCES OFFSET PROJECT DATA FORM

11. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

12. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

13. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

14. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

OZONE DEPLETING SUBSTANCES OFFSET PROJECT DATA FORM

15 Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

16. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

17. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

18. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

OZONE DEPLETING SUBSTANCES OFFSET PROJECT DATA FORM

19. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number	Email Address:

20. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

21. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

22. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

OZONE DEPLETING SUBSTANCES OFFSET PROJECT DATA FORM

23. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

24. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

25. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

26. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

OZONE DEPLETING SUBSTANCES OFFSET PROJECT DATA FORM

27. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

28. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

29. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

30. Name of Party:	
Party's Role:	
Mailing Address:	City/State/Zip Code:
Contact Person:	
Telephone Number:	Email Address:

OZONE DEPLETING SUBSTANCES OFFSET PROJECT DATA FORM

ISD/CCPEB-014 (REV. 04/2021) PAGE 12 OF 14

BACKGROUND

Section 95976(d) of the Cap-and-Trade Regulation specifies reporting requirements for offset projects participating in the Compliance Offset Program. Offset Project Operators (OPO) or Authorized Project Designees (APD) are required to submit an Offset Project Data Report (OPDR) within four months of the end of each (annual) reporting period. This form is designed to help OPOs and APDs provide the information required for offset projects using both the Compliance Offset Protocol Ozone Depleting Substances Projects, October 20, 2011 and the Compliance Offset Protocol Ozone Depleting Substances Projects, November 14, 2014. This information is submitted to the approved Offset Project Registry that is listing the offset project and should also be provided to the CARB accredited verification body that will be verifying the Offset Project Data Report.

WHERE TO SUBMIT THIS FORM

Complete the information on this form using your computer. Then either add an electronic signature to the form or print, sign, and scan the form. The completed and signed information and all supporting documentation should be submitted to the appropriate Offset Project Registry.

This form is also available from the CARB website at: <https://ww2.arb.ca.gov/our-work/programs/compliance-offset-program/offset-program-forms>

INSTRUCTIONS

PART I: ENTITY SUBMITTING REPORT

- Indicate whether the Offset Project Operator (OPO) or Authorized Project Designee (APD) is submitting the Offset Project Data Report (OPDR).
- Regulatory amendment in section 95976(d)(10) requires that each version of the OPDR specifies the version number and the date submitted. Moreover, the protocol requires that each OPDR include the date of completion. Include the OPDR version number, the date of OPDR completion, and the date of OPDR submission to the Offset Project Registry.
- The person submitting the information should indicate the date the form is completed.
- List the name, phone, and email address of the person submitting the information. This person should be an employee of the OPO or APD. The person submitting the information need not be the contact person listed for the OPO or APD in Part III and also need not be the OPO's CITSS account representative signing the OPDR in Part VIII.

PART II: OFFSET PROJECT INFORMATION

- Provide the name for the offset project and its Offset Project Registry ID number, as provided by the Offset Project Registry listing the project. Also include the CARB project ID number, if known.
- Indicate the Offset Project Commencement Date and the start and end date of the Reporting Period covered in this Offset Project Data Report.
- Indicate the version of the compliance offset protocol under which the project is listed. Also indicate the version under which the project is reporting. A project may report under the version which it is listed or may transition to a subsequent version. A project may transition only at the time of submitting the initial Offset Project Data Report to the Offset Project Registry (see section 95973(a)(2)(D)).

OZONE DEPLETING SUBSTANCES OFFSET PROJECT DATA FORM

ISD/CCPEB-014 (REV. 04/2021) PAGE 13 OF 14

PART III: OPO/APD INFORMATION

- Enter contact information for the Offset Project Operator (OPO) and Authorized Project Designee (APD) of the offset project. Every project will have an OPO. If a project does not have an APD, mark the box indicating the project does not have an APD and leave the remaining fields blank.
- For both the OPO and, if applicable, the APD, enter the entity's name, its CITSS ID number, its mailing address, its street address (if different), and the name, phone number, and e-mail address of a contact person for the entity. The CITSS ID is six characters in length, with two letters followed by four numbers (e.g., "CA1234"). **DO NOT PROVIDE THE OPO's or APD's CONFIDENTIAL CITSS ACCOUNT NUMBER**, which begins with the CITSS ID number followed by a hyphen and more numbers.

PART VI: REPORTED GHG EMISSIONS AND REDUCTIONS

- For the Reporting Period covered in this Offset Project Data Report, enter the offset project's baseline emissions, its project emissions, and its total GHG emissions reductions. Emissions should be reported in metric tons of CO₂e.

PART V: DESTRUCTION INFORMATION

- Provide the name of the destruction facility and its street address.
- Enter the start and end dates of the ODS destruction events.
- Expand the section or attach additional sheets if the project includes more than five destruction events.

PART VI: ODS DESTROYED

- This part summarizes all the eligible ODS destroyed for each destruction event.
- Enter the total mass of all ODS material destroyed in pounds. This weight includes eligible ODS and other ineligible material, including high boiling residue (HBR), moisture, and ineligible ODS. This should match the weight on the certificate of destruction.
- Enter the mass fraction of each eligible ODS destroyed. For refrigerant projects, HCFC-22 and HCFC-141b are ineligible and should be marked "n/a" or left blank.

PART VII: QUESTIONS

- Provide the number of parties included in the project's chain of custody. Provide the required information for each entity in the chain of custody in the Offset Project Data Report's Appendix.
- This part also includes two questions required in the compliance offset protocol.
- The OPO or APD must respond whether the offset project has met all local, state, and federal regulatory requirements during the Reporting Period. Local regulatory requirements include those by any air quality, water quality, zoning, or other agency with jurisdiction over any aspect of the offset project.
- Regulatory amendments in section 95973(b)(1), effective October 1, 2017, allow an OPO or APD to effectively exclude a time period during which a project is out of regulatory compliance and receive CARB or registry offset credits for the remainder of the reporting period. If an OPO or APD is excluding some dates, the OPO or APD should provide the excluded dates.

OZONE DEPLETING SUBSTANCES OFFSET PROJECT DATA FORM

ISD/CCPEB-014 (REV. 04/2021) PAGE 14 OF 14

- The OPO or APD must answer whether the information submitted in the offset project's listing remains accurate. If the listing information remains accurate, skip to Part VIII. For information which is no longer accurate, answer questions 3a through 3g to indicate which portions of the listing information are being updated in this report.

PART VIII: ATTESTATION AND OPO SIGNATURE

- Section 95975(d)(5) of the Cap-and-Trade Regulation requires an attestation for Offset Project Data Reports. The attestation should be initialed by the person signing the form.
- Enter the project name and the dates covering the project Reporting Period. The project name and Reporting Period dates should match those entered in Part II. Also indicate the protocol version under which this project is reporting. This date may differ from the version under which the protocol is listed.
- Amendments adopted in April 2014 to section 95976(d)(6) require the attestation "be provided to an Offset Project Registry with the Offset Project Data Report if the offset project is listed with an Offset Project Registry."
- The individual signing the document must be registered in CITSS as the OPO's Primary Account Representative or Alternate Account Representative. The individual signing the document may be an APD employee and/or representative; but to sign the document, the individual must be an Account Representative on the OPO's CITSS account.
- Provide the individual's signature, printed name, corporate title, and date signed.

APPENDIX: PARTIES IN CHAIN OF CUSTODY

- Provide the name of each entity included in the chain of custody documentation.
- For each entity, briefly describe their role (e.g. "reclaimer" or "transport"). Provide the mailing address for each entity.
- Provide the name of a contact person at each entity, along with that person's phone number and email address. The contact person should be an entity employee or representative and should be familiar with the entity's role in offset project activities.
- Use as many pages for the Appendix as necessary. You may expand the section or attach additional sheets for additional entities in the chain of custody.
- When submitting the completed Offset Project Data Report, blank pages in the Appendix and the two instruction pages need not be submitted.