

APPLICATION FOR LISTING AN OZONE DEPLETING SUBSTANCES OFFSET PROJECT FORM

OPR STAFF USE ONLY

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

PART I: ENTITY APPLYING FOR LISTING

Is this form being submitted by the Offset Project Operator (OPO) or by the Authorized Project Designee (APD)?
 OPO APD

Notes:
 1. The person completing this form should be an OPO/APD employee.
 2. If the APD is submitting this form, the OPO should submit the form Designation of Authorized Project Designee simultaneously.

| | |
|---------------------------------|-------------------------------|
| Name of Person Completing Form: | Organization (if applicable): |
| Date Form Completed: | Telephone Number: |
| Email Address: | |

PART II: OFFSET PROJECT INFORMATION

| | |
|------------------------------|-----------------------------------|
| Offset Project Name: | Offset Project Commencement Date: |
| Reporting Period Start Date: | Reporting Period End Date: |

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: | | | | | | |

PART III.B APD (if applicable) No APD/Not Applicable

| | | | | | | |
|--------------------------------|----------------------|---|--|--|--|--|
| APD Name: | APD's CITSS ID#: | | | | | |
| | C | A | | | | |
| Mailing Address: | City/State/Zip Code: | | | | | |
| Street Address (if different): | City/State/Zip Code: | | | | | |

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| | |
|-----------------|-------------------|
| Contact Person: | Telephone Number: |
| Email Address: | |

PART IV: DESTRUCTION FACILITY INFORMATION

| | |
|---|----------------------|
| Name of Destruction Facility: | |
| Street Address: | City/State/Zip Code: |
| Is the destruction facility a RCRA-permitted hazardous waste combustor (HWC)? (If yes, skip the next question). <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If the destruction facility is not a RCRA-permitted HWC, has it met the TEAP requirements for ODS destruction? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

PART V: OTHERS INVOLVED IN PROJECT

TECHNICAL CONSULTANTS

| | |
|-------------------|-----------------|
| 1. Name: | Contact Person: |
| Telephone Number: | Email Address: |

| | |
|-------------------|-----------------|
| 2. Name: | Contact Person: |
| Telephone Number: | Email Address: |

OTHER PARTIES WITH A MATERIAL INTEREST

| | |
|-------------------|-----------------|
| 1. Name: | Contact Person: |
| Telephone Number: | Email Address: |

| | |
|-------------------|-----------------|
| 2. Name: | Contact Person: |
| Telephone Number: | Email Address: |

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PART VI: ODS FOR DESTRUCTION

List all points of origin by U.S. state for ODS sourced for this project:

Indicate all ODS sources that will be destroyed under this project by checking the boxes below.

REFRIGERANT DESTRUCTION

| | | | | | |
|---------------------------------|---------------------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> CFC-11 | <input type="checkbox"/> CFC-12 | <input type="checkbox"/> CFC-13 | <input type="checkbox"/> CFC-113 | <input type="checkbox"/> CFC-114 | <input type="checkbox"/> CFC-115 |
|---------------------------------|---------------------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|

DESTRUCTION OF ODS BLOWING AGENT IN INTACT BUILDING FOAM

| | | | |
|---------------------------------|---------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> CFC-11 | <input type="checkbox"/> CFC-12 | <input type="checkbox"/> HCFC-22 | <input type="checkbox"/> HCFC-141b |
|---------------------------------|---------------------------------|----------------------------------|------------------------------------|

DESTRUCTION OF CONCENTRATED ODS BLOWING AGENT IN APPLIANCE FOAM

| | | | |
|---------------------------------|---------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> CFC-11 | <input type="checkbox"/> CFC-12 | <input type="checkbox"/> HCFC-22 | <input type="checkbox"/> HCFC-141b |
|---------------------------------|---------------------------------|----------------------------------|------------------------------------|

PART VII: OTHER QUESTIONS

1. Have any GHG reductions associated with the offset project ever been registered with or claimed by another registry or program, or sold to a third party prior to our listing?

Yes No

If yes, identify the registry or program (vintage and reporting period) below:

| | |
|-------------------|----------------------|
| Registry/Program: | Reporting Period(s): |
| Vintage(s): | Credits Issued: |

2. Is this offset project being implemented and conducted as the result of any law, statute, regulation, court order, or other legally binding mandate?

Yes No

If yes, explain:

PART VIII: OTHER QUESTIONS ODS SPECIFIC

1. Has an offset project data report been developed? If not, what date will it be in place?

Yes No Date:

2. Has the offset project-specific recovery efficiency been determined (for appliance foam projects only)? If yes, what is the factor? If no, when will this factor be established?

Yes No Factor/Date:

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| |
|--|
| 3. Was, or will, any of the destroyed ODS be sourced from the U.S. government? If yes, how much? <input type="checkbox"/> Yes <input type="checkbox"/> No Quantity: |
| 4. Was, or will, any of the destroyed ODS be considered hazardous waste under U.S., state, or local law? If so, how much? <input type="checkbox"/> Yes <input type="checkbox"/> No Quantity: |
| If yes, explain: |

PART IX: ATTACHMENT

On an attached separate piece of paper, provide an Offset Projection Description (one to two paragraphs).

PART X: 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 Crediting Period Start Date: | To Crediting Period End Date: |
| | Will be measured in accordance with the Compliance Offset Protocol Ozone Depleting Substances Projects, November 14, 2014, and all information required to be submitted to ARB is true, accurate, and complete. | | |
| Initial: | I understand I am voluntarily participating in the California Greenhouse Gas Cap-and-Trade Program under title 17, article 5, and by doing so, I am now subject to all regulatory requirements and enforcement mechanisms of this program and subject myself to the jurisdiction of California as the exclusive venue to resolve any and all disputes arising from the enforcement of provisions in this article. | | |
| Initial | I understand that the offset project activity and implementation of the offset project must be in accordance with all applicable local, regional, and national environmental and health and safety laws and regulations that apply to the offset project location. I understand that offset projects are not eligible to receive ARB or registry offset credits for GHG reductions and GHG removal enhancements that are not in compliance with the requirements of the Cap-and-Trade Program. | | |

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: |

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BACKGROUND

Section 95975 of the Cap-and-Trade Regulation describes the requirements and process for an Offset Project Operator (OPO) or Authorized Project Designee (APD) to list an offset project with an approved Offset Project Registry. This form is designed to help an OPO or APD fulfill the requirements of Section 95975 of the Cap-and-Trade Regulation and Chapter 7 of the Compliance Offset Protocol Ozone Depleting Substances Projects, November 14, 2014, to list an ODS offset project. The information in this form should be submitted to the approved Offset Project Registry with which the OPO or APD would like their offset project listed.

WHERE TO SUBMIT INFORMATION CONTAINED IN THE FORM

Complete the information on the 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 APPLYING FOR LISTING

- Indicate whether the Offset Project Operator (OPO) or Authorized Project Designee (APD) is submitting the information for project listing.
- Section 95975(a) of the Cap-and-Trade Regulation requires that the OPO and, if applicable, the APD must register with CARB for the Cap-and-Trade Program prior to listing a project. It also requires that neither the OPO nor APD is subject to any Holding Account restrictions imposed as part of an enforcement action. To register with CARB, visit the website for the Compliance Instrument Tracking System Services (CITSS): <https://www.wci-citss.org/>
- List the name, organization, phone number, and email address of the person submitting the information. This person should be an employee of the OPO or APD, whichever entity is making the submission. The person submitting the information need not be the same person as the contact person listed for the OPO or APD in Part III and also need not be the person signing the form in Part X.
- The person submitting the information should indicate the date the form is completed.

PART II: OFFSET PROJECT INFORMATION

- Provide the name for the Offset Project. Indicate the Offset Project commencement date and the start and end dates of the first reporting period; approximations are acceptable if precise dates are unknown.

PART III: OPO/APD INFORMATION

- Enter contact information for the OPO and APD requesting the offset project listing. Every offset project will have an OPO. If an offset project does not have an APD, mark the box indicating the offset 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, mailing address, street address (if different), and the name, phone number, and e-mail 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 IV: DESTRUCTION FACILITY INFORMATION

- Provide the name and address of the destruction facility.
- Answer the two questions regarding the destruction's facility RCRA permitting or compliance with TEAP requirements. If the first question is answered affirmatively, the second question should be skipped.

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PART V: OTHERS INVOLVED IN PROJECT

- The Compliance Offset Protocol Ozone Depleting Substances Projects, November 14, 2014, requires the identification of technical consultants and other parties with a material interest in the offset project. Identify all such entities and/or individuals. Attach additional sheets if necessary.

PART VI: ODS FOR DESTRUCTION

- List all the points of origin by U.S. State for ODS sourced for the offset project to be listed.
- Using the check boxes, indicate all the ODS sources that will be destroyed under this offset project.

PART VII: OTHER QUESTIONS (GENERAL)

- This part includes two questions required by the Compliance Offset Protocol Ozone Depleting Substances Projects, November 14, 2014. Answer both questions.
- If the answer for the first question is “yes,” provide further detail for the reductions claimed and/or credits that have been issued.
- If the answer for the second question is “yes,” provide an explanation.

PART VIII: OTHER QUESTIONS ODS-SPECIFIC

- This part includes four yes/no questions that are specific to ODS destruction projects. Answer all four questions by checking the appropriate box. The second question is applicable only to for projects destroying ODS for appliance foam. For projects not destroying appliance foam, do not answer the second yes/no question. Each of the four yes/no questions has a follow-up question which may need to be answered.
- If the first yes/no question is answered “no”, answer the follow-up question by providing a date. If answered “yes”, leave the Date field blank for the first follow-up question.
- If the second yes/no question is answered “yes”, provide the recovery efficiency factor. If answered “no”, provide a date when the factor will be established.
- If the third yes/no question is answered “yes”, indicate the quantity of ODS destroyed, or to be destroyed, from U.S. government sources. If answered “no”, leave the Quantity field blank for the third follow-up question.
- If the fourth yes/no question is answered “yes”, indicate the quantity of ODS destroyed, or to be destroyed, that is considered hazardous waste. If answered “no”, leave the Quantity field blank for the fourth follow-up question. An explanation for any hazardous waste destroyed is required and may be provided in the space provided or on a separate attached sheet of paper.

PART IX: ATTACHMENT

- As required by the Compliance Offset Protocol Ozone Depleting Substances Projects, November 14, 2014, provide a description of the offset project. The description should be one to two paragraphs and provided on a separate sheet(s) of paper.

PART X: ATTESTATIONS AND OPO SIGNATURE

- Section 95975(c) of the Cap-and-Trade Regulation requires three attestations for listing an offset project. The required attestations are provided in this section. The person signing the form should initial each attestation (no typed or printed initials).
- The first attestation requires the applicant to provide the offset project name and the start and end dates of the crediting period to complete the statement. The offset project name should match the name entered in Part II. Note that the dates provided in the attestation are for the crediting period, not for the first reporting period provided in Part II. The crediting period dates may be approximate if precise dates are not known.
- Amendments adopted in April 2014 to section 95975(d) require the attestations “be provided to an Offset Project Registry with the listing information, if being 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.