


EARLY ACTION DESK REVIEW FINDINGS				
ARB Staff Use Only	ARB Form Tracking Number:	Date Findings Received:	Date Findings Processed:	ARB Staff Use Only
	Date Findings Reviewed:	Date More Information Requested:	Date Findings Approved:	
PART I. VERIFICATION BODY INFORMATION				
Verification Body Name: Analytical Environmental Services			Verification Body ID Number: H2-13-013	
PART II. EARLY ACTION PROJECT INFORMATION				
Early Action Project Name: Scenic View Dairy II (Brook View Dairy)			EAOP Project ID#: CAR419	ARB Project ID#: CAL50036
Name of Party Requesting Desk Review: Origin Climate, Inc.				
Reporting Period Start Date: 1/1/2010		Reporting Period End Date: 12/31/2010		
<i>Note: A separate Early Action Desk Review Findings must be provided for each reporting period being reviewed.</i>				
PART III. ATTACHMENT				
<input checked="" type="checkbox"/> Report Detailing the Desk Review Findings				
PART IV. DESK REVIEW FINDINGS SUMMARY				
1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable early action reporting period?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PART V. VERIFICATION BODY ATTESTATION AND SIGNATURE				
<i>If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.</i>				
PART V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING				
SIGNATURE:		PRINTED NAME:		
TITLE:		DATE:		


Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE IF CONCURRING

I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.

ATTESTATION SIGNATURE: 	PRINTED NAME: Erin Quinn
TITLE: Associate	DATE: 6/16/2015

Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER

I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.

ATTESTATION SIGNATURE: 	PRINTED NAME: David Zweig
TITLE: President	DATE: 6-16-15

Email the information in this form to
ghgoffsetverification@arb.ca.gov

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PART I. VERIFICATION BODY INFORMATION

Verification Body Name: Analytical Environmental Services	Verification Body ID Number: H2-13-013
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PART II. EARLY ACTION PROJECT INFORMATION

Early Action Project Name: Brook View Drairy	EAOP Project ID#: CAR419	ARB Project ID# (if known): CAL50036
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Name of Party Requesting Desk Review:
TerraPass Inc.

Offset Project Data Report (Reporting Period) Start Date: 1/1/2011	Offset Project Data Report (Reporting Period) End Date: 12/31/2011
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Note: A separate Early Action Desk Review Findings must be provided for each Offset Project Data Report (Reporting Period) for which an Early Action Verification Report and Offset Verification Statement is being reviewed.

Part III. DESK REVIEW FINDINGS

1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable Offset Project Data Report year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No


*If the verification body answered **no to any** of the three questions above, please do **not** sign the attestation in Part IV. Please provide a report to ARB that explains the reasons for your findings and provide your signature here in Part III.*

SIGNATURE:	PRINTED NAME:
TITLE:	DATE:

Part IV. VERIFICATION BODY ATTESTATION AND SIGNATURE

*If the verification body answered **yes to all** of the questions in Part III above, please provide your signature below.*

I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable Offset Project Data Report year. I further certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.

SIGNATURE: 	PRINTED NAME: Erin Quinn
TITLE: Associate	DATE: 9/23/13

ARB Staff Use Only	ARB Form Tracking Number:	Date Findings Received:	Date Findings Processed:	ARB Staff Use Only
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PART I. VERIFICATION BODY INFORMATION

Verification Body Name: Analytical Environmental Services	Verification Body ID Number: H2-13-013
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PART II. EARLY ACTION PROJECT INFORMATION

Early Action Project Name: Brook View Drairy	EAOP Project ID#: CAR419	ARB Project ID# (if known): CAL50036
Name of Party Requesting Desk Review: TerraPass Inc.		
Offset Project Data Report (Reporting Period) Start Date: 1/1/2012	Offset Project Data Report (Reporting Period) End Date: 12/31/2012	

Note: A separate Early Action Desk Review Findings must be provided for each Offset Project Data Report (Reporting Period) for which an Early Action Verification Report and Offset Verification Statement is being reviewed.

Part III. DESK REVIEW FINDINGS

1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable Offset Project Data Report year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No


*If the verification body answered **no to any** of the three questions above, please do **not** sign the attestation in Part IV. Please provide a report to ARB that explains the reasons for your findings and provide your signature here in Part III.*

SIGNATURE:	PRINTED NAME:
TITLE:	DATE:

Part IV. VERIFICATION BODY ATTESTATION AND SIGNATURE

*If the verification body answered **yes to all** of the questions in Part III above, please provide your signature below.*

I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable Offset Project Data Report year. I further certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.

SIGNATURE: 	PRINTED NAME: Erin Quinn
TITLE: Associate	DATE: 9/23/13