EARLY ACTION DESK REVIEW FINDINGS

PART I. VERIFICATION BODY INFORMATION

Verification Body Name: Agri-Waste Technology, Inc.
Verification Body ID Number: H2-13-012

PART II. EARLY ACTION PROJECT INFORMATION

Early Action Project Name: WTE - Dallmann, LLC
EAOP Project ID#: CAR1010
ARB Project ID#: CALS0113

Name of Party Requesting Desk Review: WTE - Dallmann, LLC.

Reporting Period Start Date: April 1, 2013
Reporting Period End Date: March 31, 2014

Note: A separate Early Action Desk Review Findings must be provided for each reporting period being reviewed.

PART III. ATTACHMENT

☐ 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? □ Yes □ 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? □ Yes □ 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? □ Yes □ No

PART V. VERIFICATION BODY ATTESTATION AND SIGNATURE

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.

Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING

SIGNATURE: __________________________

PRINTED NAME: __________________________

TITLE: __________________________

DATE: __________________________

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

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**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.

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