### EARLY ACTION DESK REVIEW FINDINGS

<table>
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<th>ARB Staff Use Only</th>
<th>ARB Form Tracking Number:</th>
<th>Date Findings Received:</th>
<th>Date Findings Processed:</th>
<th>ARB Staff Use Only</th>
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**I. VERIFICATION**

1. Date
2. PRINTED
3. PRINTED

**II. Date**

- EARLY JUNE
- VERIFICATION PERIOD

**Note:** Offset Name, RemTec, First signature

**III. SIGNATURE:**

**STATEMENT:**

- REVIEW
- FINDINGS

**PART II. EARLY ACTION PROJECT INFORMATION**

- EARLY ACTION PROJECT NAME:
  - RemTec ODS Destruction Domestic Project #2

- NAME OF PARTY REQUESTING DESK REVIEW:
  - Reclamation Technologies, Inc.

- OFFSET PROJECT DATA REPORT (REPORTING PERIOD) START DATE:
  - June 21, 2012

- OFFSET PROJECT DATA REPORT (REPORTING PERIOD) END DATE:
  - November 15, 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.

**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? **[X] 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? **[X] 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 Offset Project Data Report year? **[X] Yes [ ] 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:**

**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:** Iris Caldwell

**TITLE:** Senior Engineer

**DATE:** November 11, 2013

Email the information in this form to gbgoffsetverification@arb.ca.gov
# Early Action Desk Review Findings

## Part I. Verification Body Information

| Verification Body Name: | First Environment, Inc. | Verification Body ID Number: | H2-12-001 |

## Part II. Early Action Project Information

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<tr>
<th>Early Action Project Name:</th>
<th>RemTec ODS Destruction Domestic Project #2</th>
<th>EAOP Project ID#:</th>
<th>CAR974</th>
<th>ARB Project ID# (if known):</th>
<th>CAOD0054</th>
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| Name of Party Requesting Desk Review: | Reclamation Technologies, Inc. |
| Offset Project Data Report (Reporting Period) Start Date: | November 27, 2012 |
| Offset Project Data Report (Reporting Period) End Date: | December 8, 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?  
   - [ ] Yes  
   - [x] 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  
   - [x] 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?  
   - [x] Yes  
   - [ ] 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:** Iris Caldwell

**Title:** Senior Engineer

**Date:** November 11, 2013

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