

**APPLICATION FOR LISTING AN EARLY ACTION PROJECT**

<b>ARB Staff Use Only</b>	Date Application Received:	ARB Tracking Number:	Date Application Reviewed:	<b>ARB Staff Use Only</b>
---------------------------	----------------------------	----------------------	----------------------------	---------------------------

**PART I. ENTITY SUBMITTING INFORMATION**

Who is submitting this form, i.e., the Offset Project Operator (OPO), Authorized Project Designee (APD), or a holder of early action offset credits?

Notes:

- A holder of early action offset credits may apply to ARB for listing only if neither the OPO nor APD has listed or intends to list the project.
- The person completing this form should be an employee of the OPO or APD or a holder of early action offset credits.

**OPO**  
 **APD**  
 **Holder**

OPO/APD/Holder Name: \_\_\_\_\_ CITSS ID Number (if known): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PART II. EARLY ACTION PROJECT INFORMATION**

Early Action Project Name: **Virginia Conservation Forestry Program – Clifton Farm** EAOP Project ID Number: **CAR686**

Location/Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: **VA** Zip: \_\_\_\_\_

Latitude: **37.0209** Longitude: **-81.8621**

Offset Project Operator (OPO): **The Nature Conservancy** Authorized Project Designee (APD), if applicable: **N/A**

Date Project Listed with EAOP: **10/01/2010** Project Commencement Date: **12/10/2003** Date of Early Action Quantification Methodology: **08/31/2010**

Early Action Quantification Methodology:

<input type="checkbox"/> CAR U.S. Livestock Project	Version: <input type="checkbox"/> 1.0 <input type="checkbox"/> 2.0 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 3.0
<input type="checkbox"/> CAR Urban Forest Project	Version: <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.1
<input type="checkbox"/> CAR U.S. Ozone Depleting Substances Project	Version: <input type="checkbox"/> 1.0
<input checked="" type="checkbox"/> CAR Forest Project	Version: <input type="checkbox"/> 2.1 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.1 <input checked="" type="checkbox"/> 3.2


(CAR = Climate Action Reserve)

**PART III. VERIFICATION BODIES**

*Provide the names of all verification bodies associated with the early action project.*

Name of Verification Body (1): <b>Environmental Services Inc.</b>	Name of Verification Body (2):
Name of Verification Body (3):	Name of Verification Body (4):
Name of Verification Body (5):	Name of Verification Body (6):

<b>PART IV. REPORTING PERIODS</b>			
3.	Start Date of Reporting Period: 1/1/2004	End Date of Reporting Period: 12/31/2004	Vintage of Issued Credits: 2004
4.	Start Date of Reporting Period: 1/1/2005	End Date of Reporting Period: 12/31/2005	Vintage of Issued Credits: 2005
5.	Start Date of Reporting Period: 1/1/2006	End Date of Reporting Period: 12/31/2006	Vintage of Issued Credits: 2006
6.	Start Date of Reporting Period: 1/1/2007	End Date of Reporting Period: 12/31/2007	Vintage of Issued Credits: 2007
7.	Start Date of Reporting Period: 1/1/2008	End Date of Reporting Period: 12/31/2008	Vintage of Issued Credits: 2008
8.	Start Date of Reporting Period: 1/1/2009	End Date of Reporting Period: 12/31/2009	Vintage of Issued Credits: 2009
9.	Start Date of Reporting Period: 1/1/2010	End Date of Reporting Period: 12/31/2010	Vintage of Issued Credits: 2010
10.	Start Date of Reporting Period: 1/1/2011	End Date of Reporting Period: 12/31/2011	Vintage of Issued Credits: 2011

<b>PART V. SIGNATURE</b>	
<p>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 duly authorized to represent and legally bind the Offset Project Operator (OPO), Authorized Project Designee (APD), or holder of Early Action Offset Credits on all matters related to this form.</p>	
<b>SIGNATURE:</b> 	<b>PRINTED NAME:</b> Michael Lipford
<b>TITLE:</b> Virginia State Director	<b>DATE SIGNED:</b> 7/24/13