

<b>APPLICATION FOR LISTING AN EARLY ACTION PROJECT</b>				
<b>ARB Staff Use Only</b>	ARB Project ID Number:	ARB Form Tracking Number:	Date Application Received:	
	Date Application Processed:	Date Application Reviewed:	Date Application Approved:	
<b>PART I. ENTITY SUBMITTING INFORMATION</b>				
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:				<input checked="" type="checkbox"/> OPO <input type="checkbox"/> APD <input type="checkbox"/> Holder
1. A holder of early action offset credits may apply to ARB for listing only if neither the OPO nor APD has listed the project. 2. 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 Name:			CITSS ID Number (if known):	
Mailing Address (if different):			City:	State: Zip:
Street Address:			City:	State: Zip:
Person Completing Form:	Phone Number:	Email Address:		
<b>PART II. EARLY ACTION PROJECT INFORMATION</b>				
Early Action Project Name: Yurok Tribe Sustainable Forest Project			EAOP Project ID Number: CAR777	
Location/Street Address: Northwest Humboldt County		City:	State: CA	Zip:
Latitude: 41.1892		Longitude: -123.7058		
Offset Project Operator (OPO): Yurok Tribe		Authorized Project Designee (APD), if applicable:		
Date Project Listed with EAOP: 10/05/2011	Project Commencement Date: 04/14/2011	Date of Early Action Quantification Methodology: 10/22/2009		
Early Action Quantification Methodology:				
<input type="checkbox"/> CAR U.S. Livestock Project <input type="checkbox"/> CAR Urban Forest Project <input type="checkbox"/> CAR U.S. Ozone Depleting Substances Project <input checked="" type="checkbox"/> CAR Forest Project (CAR = Climate Action Reserve)		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 Version: <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.1 Version: <input type="checkbox"/> 1.0 Version: <input type="checkbox"/> 2.1 <input type="checkbox"/> 3.0 <input checked="" type="checkbox"/> 3.1 <input type="checkbox"/> 3.2		

**PART III. VERIFICATION BODIES***Provide the names of all verification bodies associated with the early action project.*


Name of Verification Body (1): SCS Global Services	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):

**PART IV. REPORTING PERIODS**

	Reporting Period Start Date:	Reporting Period End Date:	Vintage Year of Issued Credits:	Submitted For ARB Offset Credit Issuance?
1.	04/14/2011	12/31/2011	2011	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART V. SIGNATURE**

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.

SIGNATURE: 	PRINTED NAME: Thomas P. O'Rourke, Sr.
TITLE: Chairman Yurok Tribe	DATE SIGNED: 9/23/13

APPLICATION FOR LISTING AN EARLY ACTION PROJECT				
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ARB Staff Use Only				
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?				<input checked="" type="checkbox"/> OPO <input type="checkbox"/> APD <input type="checkbox"/> Holder
Notes:				
1. A holder of early action offset credits may apply to ARB for listing only if neither the OPO nor APD has listed the project. 2. 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 Name:			CITSS ID Number (if known):	
Mailing Address (if different):		City:	State:	Zip:
Street Address:		City:	State:	Zip:
Person Completing Form:	Phone Number:	Email Address:		
PART II. EARLY ACTION PROJECT INFORMATION				
Early Action Project Name:			EAOP Project ID Number:	
Yurok Tribe Sustainable Forest Project			CAR777	
Location/Street Address:		City:	State:	Zip:
Northwest Humboldt County			CA	
Latitude:		Longitude:		
41.1892		-123.7058		
Offset Project Operator (OPO):		Authorized Project Designee (APD), if applicable:		
Yurok Tribe				
Date Project Listed with EAOP:	Project Commencement Date:	Date of Early Action Quantification Methodology:		
10/05/2011	04/14/2011	10/22/2009		
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 checked="" type="checkbox"/> 3.1 <input 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):

SCS Global Services

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):

**PART IV. REPORTING PERIODS**

	Reporting Period Start Date:	Reporting Period End Date:	Vintage Year of Issued Credits:	Submitted For ARB Offset Credit Issuance?
1.	01/01/2012	12/31/2012	2012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	01/01/2013	12/31/2013	2013	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART V. SIGNATURE**

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.

SIGNATURE:

PRINTED NAME:

Thomas P. O'Rourke Sr.

TITLE:

Chairperson

DATE SIGNED:

6/10/15

### APPLICATION FOR LISTING AN EARLY ACTION PROJECT

ARB Staff Use Only	ARB Project ID Number:	ARB Form Tracking Number:	Date Application Received:	ARB Staff Use Only
	Date Application Processed:	Date Application Reviewed:	Date Application Approved:	

#### 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 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): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

#### PART II. EARLY ACTION PROJECT INFORMATION

Early Action Project Name: Yurok Tribe Sustainable Forest Project EAOP Project ID Number: CAR777

Location/Street Address: Northwest Humboldt County City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Latitude: 41.1892 Longitude: -123.7058

Offset Project Operator (OPO): Yurok Tribe Authorized Project Designee (APD), if applicable: \_\_\_\_\_

Date Project Listed with EAOP: 10/05/2011 Project Commencement Date: 04/14/2011 Date of Early Action Quantification Methodology: 10/22/2009

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 checked="" type="checkbox"/> 3.1	<input type="checkbox"/> 3.2	
<input type="checkbox"/> CAR Coal Mine Methane Project Version:	<input type="checkbox"/> 1.0	<input type="checkbox"/> 1.1			
<input type="checkbox"/> VCS VMR0001*					
<input type="checkbox"/> VCS VMR0002*					

(\*Note: See instructions for full name.)  
 (CAR = Climate Action Reserve; VCS = Verified Carbon Standard)

**PART III. VERIFICATION BODIES**

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

Name of Verification Body (1): SCS Global Services	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):

**PART IV. REPORTING PERIODS**

Provide below each reporting period for the early action project which have been issued early action credits.

	Reporting Period Start Date:	Reporting Period End Date:	Vintage Year(s) of Issued Credits:	Listing with ARB? (New, Previous, No)
1.	01/01/2014	12/31/2014	2014	<input type="checkbox"/> New <input checked="" type="checkbox"/> Prev. <input type="checkbox"/> No
2.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
3.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
4.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
5.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
6.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
7.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
8.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
9.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
10.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
11.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
12.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
13.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No

**PART V. SIGNATURE**

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.

SIGNATURE: 	PRINTED NAME: Thomas P. O'Rourke, Sr.
TITLE: Chairperson	DATE SIGNED: SEP 21 2015