



APPLICATION FOR LISTING AN EARLY ACTION PROJECT				
ARB Staff Use Only	Date Application Received:	ARB Tracking Number:	Date Application Reviewed:	ARB Staff Use Only
<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: 1. 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. 2. The person completing this form should be an employee of the OPO or APD or a holder of early action offset credits.				<input checked="" type="checkbox"/> OPO <input type="checkbox"/> APD <input type="checkbox"/> 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:		
<b>PART II. EARLY ACTION PROJECT INFORMATION</b>				
Early Action Project Name: Scenic View Dairy I			EAOP Project ID Number: CAR418	
Location/Street Address: 1510 62nd Street		City: Fennville	State: MI	Zip: 49408
Latitude: 42.526162		Longitude: -86.151123		
Offset Project Operator (OPO): TerraPass, Inc.		Authorized Project Designee (APD), if applicable:		
Date Project Listed with EAOP: April 17, 2009	Project Commencement Date: July 1, 2006	Date of Early Action Quantification Methodology: September 29, 2010		
Early Action Quantification Methodology: <input checked="" 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 checked="" 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 type="checkbox"/> CAR Forest Project      Version: <input type="checkbox"/> 2.1 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 (CAR = Climate Action Reserve)				
<b>PART III. VERIFICATION BODIES</b>				
Provide the names of all verification bodies associated with the early action project.				
Name of Verification Body (1): Ryerson, Master and Associates, Inc.		Name of Verification Body (2): SES, Inc.		
Name of Verification Body (3):		Name of Verification Body (4):		
Name of Verification Body (5):		Name of Verification Body (6):		

PART IV. REPORTING PERIODS			
1	Start Date of Reporting Period: 1/1/2009	End Date of Reporting Period: 12/31/2009	Vintage of Issued Credits: 2009
2	Start Date of Reporting Period: 1/1/2010	End Date of Reporting Period: 12/31/2010	Vintage of Issued Credits: 2010
3	Start Date of Reporting Period: 1/1/2011	End Date of Reporting Period: 12/31/2011	Vintage of Issued Credits: 2011
4	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
5	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
6	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:

PART V. SIGNATURE	
<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>	
SIGNATURE: 	PRINTED NAME: Erin Craig
TITLE: CEO	DATE SIGNED: March 25, 2013

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>
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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: 1. 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. 2. The person completing this form should be an employee of the OPO or APD or a holder of early action offset credits.				<input checked="" type="checkbox"/> <b>OPO</b> <input type="checkbox"/> <b>APD</b> <input type="checkbox"/> <b>Holder</b>
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:			EAOP Project ID Number:	
Scenic View Dairy I			CAR418	
Location/Street Address:		City:	State:	Zip:
1510 62nd Street		Fennville	MI	49408
Latitude:		Longitude:		
42.526162		-86.151123		
Offset Project Operator (OPO):		Authorized Project Designee (APD), if applicable:		
TerraPass, Inc.				
Date Project Listed with EAOP:	Project Commencement Date:	Date of Early Action Quantification Methodology:		
April 17, 2009	July 1, 2006	September 29, 2010		
Early Action Quantification Methodology:				
<input checked="" 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 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 checked="" 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 type="checkbox"/> 3.1 <input type="checkbox"/> 3.2		
<b>PART III. VERIFICATION BODIES</b>				
<i>Provide the names of all verification bodies associated with the early action project.</i>				
Name of Verification Body (1):		Name of Verification Body (2):		
Ryerson, Master and Associates, Inc.		SES, Inc.		
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>			
1.	Start Date of Reporting Period: 1/1/2012	End Date of Reporting Period: 12/31/2012	Vintage of Issued Credits: 2012
2.	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
3.	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
4.	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
5.	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
6.	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:

<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> Erin Craig
<b>TITLE:</b> CEO	<b>DATE SIGNED:</b> May 1, 2013