

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: [REDACTED] CITSS ID Number (if known): [REDACTED]

Mailing Address (if different): [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Street Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Person Completing Form: [REDACTED] Phone Number: [REDACTED] Email Address: [REDACTED]

PART II. EARLY ACTION PROJECT INFORMATION

Early Action Project Name: Patterson Farms EAOP Project ID Number: CAR 602

Location/Street Address: 1131 Aurelius/Springport Townline Road City: Auburn State: NY Zip: 13021

Latitude: 42.8973 Longitude: -76.6647

Offset Project Operator (OPO): Environmental Credit Corp. Authorized Project Designee (APD), if applicable:

Date Project Listed with EAOP: 03/26/2010 Project Commencement Date: 10/08/2005 Date of Early Action Quantification Methodology: 09/29/2010

Early Action Quantification Methodology:

CAR U.S. Livestock Project
 CAR Urban Forest Project
 CAR U.S. Ozone Depleting Substances Project
 CAR Forest Project
 (CAR = Climate Action Reserve)

Version: 1.0 2.0 2.1 2.2 3.0
 Version: 1.0 1.1
 Version: 1.0
 Version: 2.1 3.0 3.1 3.2

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


Name of Verification Body (1): SES, Inc.	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.	10/01/2010	12/31/2010	2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	01/01/2011	12/31/2011	2011	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	01/01/2012	12/31/2012	2012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	01/01/2013	09/30/2013	2013	<input checked="" 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: Derek Six
TITLE: CEO	DATE SIGNED: 01/10/2014