

APPLICATION FOR LISTING AN EARLY ACTION PROJECT						
ARB Staff Use Only	ARB Project ID Number:	ARB Form Tracking Number:	Date Application Received:			
	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: <ol style="list-style-type: none"> 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. 				<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:				
PART II. EARLY ACTION PROJECT INFORMATION						
Early Action Project Name:			EAOP Project ID Number:			
Location/Street Address:			City:	State: Zip:		
Latitude:			Longitude:			
Offset Project Operator (OPO):			Authorized Project Designee (APD), if applicable:			
Date Project Listed with EAOP:		Project Commencement Date:	Date of Early Action Quantification Methodology:			
Early Action Quantification Methodology: <table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> CAR U.S. Livestock Project Version: <input type="checkbox"/> CAR Urban Forest Project Version: <input type="checkbox"/> CAR U.S. Ozone Depleting Substances Project Version: <input type="checkbox"/> CAR Forest Project Version: <input type="checkbox"/> CAR Coal Mine Methane Project Version: <input type="checkbox"/> VCS VMR0001* <input type="checkbox"/> VCS VMR0002* </td> <td style="width: 50%; vertical-align: top;"> 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"/> 1.0 <input type="checkbox"/> 1.1 <input type="checkbox"/> 1.0 <input type="checkbox"/> 2.1 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.1 </td> </tr> </table>					<input checked="" type="checkbox"/> CAR U.S. Livestock Project Version: <input type="checkbox"/> CAR Urban Forest Project Version: <input type="checkbox"/> CAR U.S. Ozone Depleting Substances Project Version: <input type="checkbox"/> CAR Forest Project Version: <input type="checkbox"/> CAR Coal Mine Methane Project Version: <input type="checkbox"/> VCS VMR0001* <input type="checkbox"/> VCS VMR0002*	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"/> 1.0 <input type="checkbox"/> 1.1 <input type="checkbox"/> 1.0 <input type="checkbox"/> 2.1 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.1
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(*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): TUV SUD America Inc.	Name of Verification Body (2): First Environment of California, 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

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.	4/01/2013	3/31/2014	2013, 2014	<input checked="" type="checkbox"/> New <input 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: Dr. Robert Nagel
TITLE: Manager, Holsum Dairies	DATE SIGNED: 4/15/13

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Early Action Project Name:			EAOP Project ID Number:																					
Holsum Elm			CAR599																					
Location/Street Address:		City:	State:	Zip:																				
6206 North Elm Road		Hilbert	WI	54129																				
Latitude:		Longitude:																						
44.113968		-88.214921																						
Offset Project Operator (OPO):		Authorized Project Designee (APD), if applicable:																						
Holsum Dairies, LLC		Ag Methane Advisors, LLC																						
Date Project Listed with EAOP:	Project Commencement Date:	Date of Early Action Quantification Methodology:																						
4/22/2010	1/01/2007	9/29/2010																						
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1.	4/1/13	3/31/2014	2013, 2014	<input type="checkbox"/> New <input checked="" type="checkbox"/> Prev. <input type="checkbox"/> No
2.	4/1/14	12/31/2014	2014	<input checked="" 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

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SIGNATURE: 	PRINTED NAME: Robert Nagel
TITLE: Manager, Holsum Dairies	DATE SIGNED: 12/15/15