

**APPLICATION FOR LISTING AN EARLY ACTION PROJECT**

<b>ARB Staff Use Only</b>	<b>ARB Project ID Number:</b>	<b>ARB Form Tracking Number:</b>	<b>Date Application Received:</b>	<b>ARB Staff Use Only</b>
	<b>Date Application Processed:</b>	<b>Date Application Reviewed:</b>	<b>Date Application Approved:</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 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:** Green River Trona Mine Methane Destruction and Utilization Project **EAOP Project ID Number:** CAR 629

**Location/Street Address:** 400 County Road 85 **City:** Green River **State:** WY **Zip:** 82935

**Latitude:** 41.5 **Longitude:** -109.7564

**Offset Project Operator (OPO):** Solvay Chemicals, Inc. **Authorized Project Designee (APD), if applicable:**

**Date Project Listed with EAOP:** 4/19/2010 **Project Commencement Date:** 8/13/2010 **Date of Early Action Quantification Methodology:** 10/7/2009

**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 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	
<input checked="" type="checkbox"/> CAR Coal Mine Methane Project Version:	<input checked="" 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):  
Ruby Canyon Engineering

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.	8/13/2010	3/31/2011	2010/2011	<input checked="" type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
2.	4/1/2011	3/31/2012	2011/2012	<input checked="" type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
3.	4/1/2012	3/31/2013	2012/2013	<input checked="" type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
4.	4/1/2013	3/31/2014	2013/2014	<input checked="" 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:

Todd Brichacek

TITLE:

Senior VP-Site Manager

DATE SIGNED:

11/5/2014

<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: Green River Trona Mine Methane Destruction and Utilization Project			EAOP Project ID Number: CAR 629	
Location/Street Address: 400 County Road 85		City: Green River	State: WY	Zip: 82935
Latitude: 41.5		Longitude: -109.7564		
Offset Project Operator (OPO): Solvay Chemicals, Inc.		Authorized Project Designee (APD), if applicable:		
Date Project Listed with EAOP: 4/19/2010	Project Commencement Date: 8/13/2010	Date of Early Action Quantification Methodology: 10/7/2009		
Early Action Quantification Methodology:			Version:	
<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 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	
<input checked="" type="checkbox"/> CAR Coal Mine Methane Project Version:			<input checked="" 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): Ruby Canyon Engineering	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):

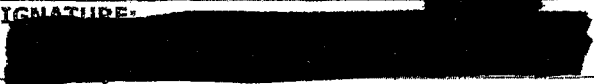
**PART IV. REPORTING PERIODS**

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.	8/13/2010	3/31/2011	2010/2011	<input type="checkbox"/> New <input checked="" type="checkbox"/> Prev. <input type="checkbox"/> No
2.	4/1/2011	3/31/2012	2011/2012	<input type="checkbox"/> New <input checked="" type="checkbox"/> Prev. <input type="checkbox"/> No
3.	4/1/2012	3/31/2013	2012/2013	<input type="checkbox"/> New <input checked="" type="checkbox"/> Prev. <input type="checkbox"/> No
4.	4/1/2013	3/31/2014	2013/2014	<input type="checkbox"/> New <input checked="" type="checkbox"/> Prev. <input type="checkbox"/> No
5.	4/1/2014	12/31/2014	2014	<input checked="" 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: Todd Brichacek
TITLE: Sr VP - Site Manager	DATE SIGNED: 6/9/2015