


APPLICATION FOR LISTING AN EARLY ACTION PROJECT				
ARB Staff Use Only	Date Application Received:	ARB Tracking Number:	Date Application Reviewed:	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 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.				
OPO/APD/Holder Name:			CITSS ID Number (if known):	
Mailing Address (if different):			City:	State:
Street Address:			City:	State:
Person Completing Form:	Phone Number:	Email Address:		
PART II. EARLY ACTION PROJECT INFORMATION				
Early Action Project Name:			EAOP Project ID Number:	
RemTec International ODS Destruction Domestic Project #1			CAR818	
Location/Street Address:		City:	State:	Zip:
1100 Haskins Road		Bowling Green	OH	43402
Latitude:		Longitude:		
41° 23' N		83° 40' W		
Offset Project Operator (OPO):		Authorized Project Designee (APD), if applicable:		
Reclamation Technologies, Inc.				
Date Project Listed with EAOP:	Project Commencement Date:	Date of Early Action Quantification Methodology:		
4/25/2011	6/3/2011	2/3/2010		
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 checked="" type="checkbox"/> CAR U.S. Ozone Depleting Substances Project		Version: <input checked="" 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)				
PART III. VERIFICATION BODIES				
<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):		
NSF International Strategic Registrations				
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: March 19, 2012	End Date of Reporting Period: May 17, 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:

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: Jason Zilles
TITLE: Chief Financial Officer	DATE SIGNED: 6/25/2013

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: 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.				<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:	
RemTec International ODS Destruction Domestic Project #1			CAR818	
Location/Street Address:		City:	State:	Zip:
1100 Haskins Road		Bowling Green	OH	43402
Latitude:		Longitude:		
41.391120		-83.670781		
Offset Project Operator (OPO):		Authorized Project Designee (APD), if applicable:		
Reclamation Technologies, Inc (DBA AGAS RemTec)				
Date Project Listed with EAOP:	Project Commencement Date:	Date of Early Action Quantification Methodology:		
04/25/2011	06/03/2011	02/03/2010		
Early Action Quantification Methodology: <input type="checkbox"/> CAR U.S. Livestock Project <input type="checkbox"/> CAR Urban Forest Project <input checked="" 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 type="checkbox"/> 3.0 Version: <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.1 Version: <input checked="" 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		

PART III. VERIFICATION BODIES*Provide the names of all verification bodies associated with the early action project.*Name of Verification Body (1):
NSF International Strategic Registrations

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.	06/03/2011	06/16/2011	2011	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	08/05/2011	08/25/2011	2011	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	03/19/2012	05/17/2012	2012	<input checked="" 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:

JASON ZILLES

TITLE:

Chief Financial Officer

DATE SIGNED:

11-25-2013