

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. <div style="float: right;"> <input type="checkbox"/> OPO <input checked="" type="checkbox"/> APD <input type="checkbox"/> Holder </div>				
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: Honeywell ODS Destruction Project			EAOP Project ID Number: CAR 901	
Location/Street Address: 309 American Circle		City: El Dorado	State: AR	Zip: 71730
Latitude:		Longitude:		
Offset Project Operator (OPO): Honeywell International Inc.		Authorized Project Designee (APD), if applicable: MGM Innova Consulting, LLC		
Date Project Listed with EAOP: 10/20/2011	Project Commencement Date: 11/24/2011	Date of Early Action Quantification Methodology: 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): TUV SUD America, Inc	Name of Verification Body (2): LRQA Americas Sustainability, Inc
Name of Verification Body (3): LRQA Americas Sustainability, Inc	Name of Verification Body (4): LRQA Americas Sustainability, Inc
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.	11/24/11	11/29/11	2011	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	12/24/11	12/27/11	2011	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	02/29/12	03/07/12	2012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	05/28/12	06/12/12	2012	<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: Alfredo Nicastro
TITLE: SVP Operations / MGM Innova Consulting, LLC	DATE SIGNED: January 31, 2014