

OFFSET VERIFICATION STATEMENT

<i>OPR Staff Use Only</i>	Date Statement Received:	OPR Tracking Number:	Date Statement Reviewed:	<i>OPR Staff Use Only</i>
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PART I. OFFSET PROJECT INFORMATION

Offset Project Name: DPC Domestic ODS Destruction Project #20		OPR Project ID#: CAR952	ARB Project ID# (if known): CAOD0084
OPO Name: Pure Chem Separation LP		APD Name (if applicable): not applicable	
Reporting Period Start Date: April 27, 2012	Reporting Period End Date: May 1, 2012	Final OPDR's Total GHG Reductions: 96,833	

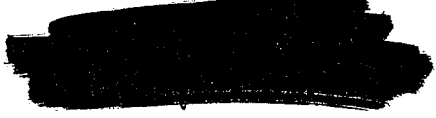
PART II. VERIFICATION INFORMATION

Verification Body (VB) Name: SCS Engineers	VB ID Number: H2-12-003
1. Does this Offset Verification Statement attest that the submitted Offset Project Data Report is reasonably assured of being free of offset material misstatement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Does this Offset Verification Statement attest that the submitted Offset Project Data Report is reasonably assured of being in conformance with the quantification, monitoring, and metering requirements of the Cap-and-Trade Regulation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Does this Offset Verification Statement attest that the submitted Offset Project is reasonably assured of being in conformance with all other requirements of the Cap & Trade Regulation and in compliance with all local, regional, and national regulatory requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. As a result of the three attestations above, what is the Final Offset Verification Statement? <i>(see table in attached instructions)</i> <small>(Note: Qualified Positive is not allowed for U.S. Forest projects.)</small>	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Qualified Positive <input type="checkbox"/> Adverse
5. Qualifying Statement (required for Qualified Positive or Adverse Offset Verification Statements):	

Part III. ATTESTATIONS AND SIGNATURES

Part III.A Lead Verifier

As the lead verifier for this offset verification, I certify under penalty of perjury under the laws of the State of California that the offset verification team has carried out all offset verification services as required by sections 95977.1, 95977.2, and the applicable Compliance Offset Protocol and the findings are true, accurate, and complete and have been independently reviewed by an independent reviewer as required under sections 95977.1(b)(3)(R)(1.) through 95977.1(b)(3)(R)(3.).

SIGNATURE: 	PRINTED NAME: John Henkelman
TITLE: Senior Project Professional	DATE: 8/3/15

Part III.B Independent Reviewer

As the independent reviewer, I certify under penalty of perjury under the laws of the State of California that I have conducted an independent review of the offset verification services and findings on behalf of the verification body as required by this article and that the findings are true, accurate, and complete.

SIGNATURE:



PRINTED NAME:

Cassandra Drotman

TITLE:

Senior Project Professional

DATE:

8/3/15

Part III.C Verification Body Officer

I concur with the verification opinion rendered in this Offset Verification Statement, and I certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.

SIGNATURE:



PRINTED NAME:

Ray Huff

TITLE:

Vice President

DATE:

8/3/15