

APPLICATION FOR LISTING AN OZONE DEPLETING SUBSTANCES OFFSET PROJECT				
OPR Staff Use Only	Date Application Received:	OPR Tracking Number:	Date Application Reviewed:	OPR Staff Use Only
PART I. ENTITY APPLYING FOR LISTING				
Is this form being submitted by the Offset Project Operator (OPO) or by the Authorized Project Designee (APD)? Notes: 1. The person completing this form should be an OPO/APD employee. 2. If the APD is submitting this form, the OPO should submit the form Designation of Authorized Project Designee simultaneously.				<input checked="checked" type="checkbox"/> OPO <input type="checkbox"/> APD
Name of Person Completing Form: Timothy Wilson		Organization, if applicable: EOS Climate Inc.		
Date Form Completed: 2/24/2014		Phone Number: 916-792-3624	Email Address: twilson@eosclimate.com	
PART II. OFFSET PROJECT INFORMATION				
Offset Project Name: 2014-P5				
Offset Project Commencement Date: 3/2/2014		First Reporting Period Start Date: 3/2/2014	First Reporting Period End Date: 3/15/2014	
PART III. OPO/APD INFORMATION				
Part III.A OPO				
OPO Name: EOS Climate Inc.			OPO's CITSS ID#: CA 1149	
Mailing Address: 55 Hawthorne Street Suite 610		City: San Francisco	State: CA	Zip: 94105
Contact Person: Todd English		Phone Number: 415-259-8040	Email Address: tenglish@eosclimate.com	
Part III.B APD (if applicable)		<input checked="checked" type="checkbox"/> No APD/Not Applicable		
APD Name:			APD's CITSS ID#: CA	
Mailing Address:		City:	State:	Zip:
Contact Person:		Phone Number:	Email Address:	
PART IV. DESTRUCTION FACILITY INFORMATION				
Name of Destruction Facility: Clean Harbors El Dorado, LLC.				
Street Address: 309 American Circle		City: El Dorado	State: AR	Zip: 71730
Is the destruction facility a RCRA-permitted hazardous waste combustor (HWC)? (If yes, skip the next question.)				<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
If the destruction facility is not a RCRA-permitted HWC, has it met the TEAP requirements for ODS destruction?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V. OTHERS INVOLVED IN PROJECT

Technical Consultants:	1.	Name:		
	Contact Person:		Phone Number:	Email Address:
	2.	Name:		
	Contact Person:		Phone Number:	Email Address:
Other Parties with a Material Interest:	1.	Name:		
	Contact Person:		Phone Number:	Email Address:
	2.	Name:		
	Contact Person:		Phone Number:	Email Address:

PART VI. ODS FOR DESTRUCTION

List All Points of Origin by U.S. State for ODS Sourced for This Project:
From within the 48 contiguous U.S. states, plus D.C.

Indicate All ODS Sources That Will Be Destroyed Under This Project By Checking the Boxes Below:

Refrigerant Destruction: <input checked="" type="checkbox"/> CFC-11 <input checked="" type="checkbox"/> CFC-113 <input checked="" type="checkbox"/> CFC-12 <input checked="" type="checkbox"/> CFC-114 <input checked="" type="checkbox"/> CFC-13 <input checked="" type="checkbox"/> CFC-115	Destruction of ODS Blowing Agent in Intact Building Foam: <input type="checkbox"/> CFC-11 <input type="checkbox"/> HCFC-22 <input type="checkbox"/> CFC-12 <input type="checkbox"/> HCFC-141b	Destruction of Concentrated ODS Blowing Agent in Appliance Foam: <input type="checkbox"/> CFC-11 <input type="checkbox"/> HCFC-22 <input type="checkbox"/> CFC-12 <input type="checkbox"/> HCFC-141b
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PART VII. OTHER QUESTIONS (GENERAL)

1. Have any GHG reductions associated with the offset project ever been registered with or claimed by another registry or program, or sold to a third party prior to our listing?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, identify the registry or program (vintage and reporting period) below:			
Registry/Program:	Reporting Period(s):	Vintage(s):	Credits Issued:
2. Is this offset project being implemented and conducted as the result of any law, statute, regulation, court order, or other legally binding mandate? If yes, explain below:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PART VIII. OTHER QUESTIONS ODS-SPECIFIC

1. Has an Offset Project Data Report been developed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If not, what date will it be in place?	Date: 3/31/2014
2. Has the offset project-specific recovery efficiency been determined (for appliance foam projects only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the factor? If not, when will this factor be established?	Factor/Date:
3. Was, or will, any of the destroyed ODS be sourced from the US government?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, how much?	Quantity:
4. Was, or will, any of the destroyed ODS be considered hazardous waste under US, state or local law?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If so, how much? Explain below.	Quantity:
Explanation (for #4).			

Part IX. ATTACHMENT

Submit the information in this form to
the appropriate Offset Project Registry

On an attached separate sheet of paper, provide an Offset Projection Description (one to two paragraphs).

Part X. ATTESTATIONS AND OPO/APD SIGNATURE

I certify under penalty of perjury under the laws of the State of California the GHG reductions and/or GHG removal enhancements for

Project Name:

2014-P5

from

Crediting Period
Start Date:

3/2/2014

to

Crediting Period
End Date:

3/1/2024

will be measured in accordance with the Compliance Offset Protocol Ozone Depleting Substances Projects, October 20, 2011, and all information required to be submitted to ARB is true, accurate, and complete.

I understand I am voluntarily participating in the California Greenhouse Gas Cap-and-Trade Program under title 17, article 5, and by doing so, I am now subject to all regulatory requirements and enforcement mechanisms of this program and subject myself to the jurisdiction of California as the exclusive venue to resolve any and all disputes arising from the enforcement of provisions in this article.

I understand that the offset project activity and implementation of the offset project must be in accordance with all applicable local, regional, and national environmental and health and safety laws that apply to the offset project location. I understand that offset projects are not eligible to receive ARB or registry offset credits for GHG reductions and GHG removal enhancements that are not in compliance with the requirements of the cap-and-trade program.

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 an Account Representative of the Offset Project Operator (OPO).

SIGNATURE:

PRINTED NAME:

Todd English

TITLE:

VP Operations

DATE:

2/24/14



55 Hawthorne Street
Suite 610
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T 800.764.8093
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EOS Climate ODS destruction projects begin at the acquisition of eligible ODS refrigerant from non-foam sources. The material is then transported as necessary to an EPA certified refrigerant reclaimer for reclamation, aggregation, and mixing/sampling as applicable. ODS is then transported to Clean Harbors Environmental Services, a RCRA permitted incineration plant in El Dorado, Arkansas. A sample will be drawn by Clean Harbors and sent for analysis to an AHRI certified laboratory. Clean Harbors will then destroy the ODS recording pre and post destruction weights and required emissions monitoring data.