

**Services for Forestry Greenhouse Gas (GHG) Project
Initial Project Application Form**

Project Name: _____ Date Submitted: _____

Project Developer: _____ Address: _____ Ph: _____

Email: _____

Project Entity/Owner: _____ Address: _____ Ph: _____

Email: _____

Type of Service Requested:

- Forest GHG Validation
- Forest GHG Verification
- Forest GHG Methodology Due Diligence
- Forest GHG Project Development

Date Requested for Services to be initiated: _____

Desired time frame for completion of chosen services: _____

Project Specific Information:

Project Location: _____

Project Legal Description: _____

Project Acreage (Hectares): _____

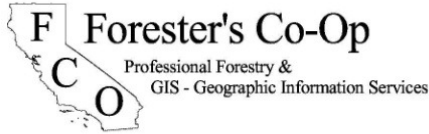
Project Site Contact Personnel: _____

Applicable GHG Program of Participation (check all that apply):

- American Carbon Registry (ACR)
- Climate Action Reserve (CAR)
- Climate, Community and Biodiversity Alliance Standards (CCBA)
- Chicago Climate Exchange (CCX)
- Voluntary Carbon Standard (VCS)
- Other; _____

Specific Type of Forest Project:

- Avoided Conversion
- Improved Forest Management
- Reforestation
- REDD
- REDD+
- Urban Forest Management
- Other: _____



Forest GHG Project Boundary Information (Use additional pages as needed)

Has the Entity/Owner submitted an emissions report?

If so, with which Registry?

What are the Geographical Boundaries for the project?

How were these project boundaries determined?

Is Geographic Information System (GIS) electronic file data available for the entire project Boundary?

Date that Forest Carbon Pool Inventories were conducted?

Are electronic data files available? Yes __, No __ - If Yes, what is the file format? _____

List all Required and Optional Carbon Pools to be included in project.

Brief history of project boundary ownership over the past ten years:

Please provide a description of modes of transportation to and from as well as within project area.

Project Representative Declaration: I am the duly authorized agent representing the project as described above. I have compiled the above information to the best of my ability and am soliciting for the specific forest GHG project services stated above. I have read and understand the forest project protocols selected and agree to abide by their terms and conditions.

Name: _____

Signature: _____

Title: _____

Date: _____ Ph# _____ Email: _____

Please return this application to:
Derek Markolf, Director of Carbon Projects
Ryerson, Master and Associates, Inc.
735 State Street, Suites 407
Santa Barbara, CA 93101-5503
(213) 814-9504
dmarkolf@RMAQ.com
www.RMAQ.com

For Technical Assistance Please Contact:
Tom Amesbury, Principal Forester
Forester's Co-Op
415 Colfax Avenue
Grass Valley, CA 95945
Ph# (530) 273-8326, Email: tom@forco-op.com
www.forco-op.com

