**COLCX Request for Renewal of the Crediting Period**

In compliance with the criteria and requirements stipulated by the COLCX Carbon Certification Program (hereinafter the COLCX Program), the renewal of the crediting period of the following mitigation initiative is hereby requested:

|  |  |  |  |
| --- | --- | --- | --- |
| **Mitigation initiative information** | | | |
| Name of mitigation initiative |  | | |
| Mitigation Initiative ID |  | | |
| Description of the initiative (SPA) | Maximum 200 words | | |
| Description of the initiative (ENG) | Maximum 200 words | | |
| Sector to which it belongs | Energy industries (renewable/non-renewable sources)  Energy distribution  Energy demand  Manufacturing industries  Construction  Transportation  Waste management and disposal  Afforestation, Reforestation and Forest Conservation  Agriculture and pasture management | | |
| Location: | Country: | |  |
| State: | |  |
| Municipality or city: | |  |
| Coordinates: | | Latitude: (degrees, minutes, seconds) |
| Longitude: (degrees, minutes, seconds) |
| Start date of the initiative: | dd/mm/yyyy | | |
| Date of registration of the initiative in COLCX: | dd/mm/yyyy | | |
| Time limits 1st accreditation period: | dd/mm/yyyy - dd/mm/yyyy | | |
| Methodology applied (Source and version) |  | | |
| Average annual GHG reductions or removals | Click or tap here to enter text. tCO2e/Year | | |
| Total GHG reductions or removals achieved during the period | Click or tap here to enter text. tCO2e | | |
| Indicate contribution to Sustainable Development (SDG) | SDGs identified | | |
| Other participants in the initiative: | Name: |  | |
| Role: |  | |
| Name: |  | |
| Role: |  | |

Add as many rows as you need.

|  |  |
| --- | --- |
| **Request Information** | |
| Date of renewal | dd/mm/yyyy |
| Validation and Verification Bodies used: |  |
| Duration of the new credit period: | Click or tap here to enter text. Years |
| New credit period: | dd/mm/yyyy - dd/mm/yyyy |
| Methodology applied (Source and version) |  |
| Projected annual GHG reductions or removals | Click or tap here to enter text. tCO2e/Year |
| Projected total GHG reductions or removals over the period | Click or tap here to enter text. tCO2e |
| Indicate contribution to Sustainable Development (SDG) | SDGs identified |
| The following information must be attached to the application form:   * Validated Project Document (PDD) for the initiative * Spreadsheet with validated potential (Ex ante) GHG emissions reduction or removal estimate * Supporting documents for legal and regulatory compliance of the initiative * Supporting documents for the demonstration of additionality of the initiative * Global consultation results report for the initiative * VVB Validation Report * VVB Validation Statement * Declaration of no conflict of interest (signed by the VVB) * Other validated documents considered relevant | |

The application for renewal of the crediting period of the mitigation initiative is submitted to the program by:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mitigation initiative proponent information** | | | | | |
| Name |  | | | | |
| Type of identification | NIT | C.C. | C.E. | Other, Which? | |
| Identification No. |  | | | | |
| Contact information | Name |  | | | |
| Phone |  | | | |
| Email |  | | | |
| Is the proponent the same owner of the mitigation initiative?  Yes  No | | | | | |
| If so, ownership is held in the capacity of:  Owner  Authorized Representative  Associate  Contractor  Other  Which? | | | | | |
| If no, provide the mitigation initiative owner's data required below and attach:   * Document by which the owner authorizes the proponent to represent the mitigation initiative before the COLCX program | | | | | |
| **Mitigation initiative owner information** | | | | | |
| Name |  | | | | |
| Type of identification | NIT | C.C. | C.E. | | Other: |
| Identification No. |  | | | | |
| Contact person's data: | Name |  | | | |
| Phone |  | | | |
| Email |  | | | |

This form must be accompanied by the following documentation:

* Document by which the owner authorizes the proponent to represent the mitigation initiative before the program (when applicable).

By signing this application, the proponent accepts the terms and conditions of the program, and assures that the information provided is reliable, accurate and real, assuming full responsibility for the veracity of what is expressed herein and the penalties that may arise from any breach or claim arising therefrom.

|  |  |
| --- | --- |
| Signature of the proponent's representative |  |
| Name of the proponent's representative |  |
| Company name of the proponent |  |
| Position of the proponent's representative |  |
| Date of signature | Tuesday, 6 de May de 2025 |

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**History of the Document**

| ***Version*** | ***Date*** | ***Description*** |
| --- | --- | --- |
| 1. 1.0 | 1. 13/07/2023 | Initial version. |
| 1. 2.0 | 1. 08/05/2025 | Format adjustment to the initial version. |