**Form**

**Pre-registration Application to the COLCX Program**

In compliance with the criteria and requirements stipulated by the COLCX Carbon Certification Program (hereinafter the COLCX Program), we request the pre-registration of a mitigation initiative with the following specifications:

|  |  |  |  |
| --- | --- | --- | --- |
| **Mitigation initiative information** | | | |
| Title of mitigation initiative |  | | |
| 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) |
| Project start date | dd/mm/yyyy | | |
| Period for crediting GHG reductions or removals | Duration of the crediting period. Years | | |
| Average annual GHG reductions or removals | Click or tap here to enter text. tCO2e/Year | | |
| Methodology applied (Source and version) |  | | |
| Indicate contribution to Sustainable Development (SDG) | SDGs identified | | |
| Other participants within the initiative  Add as many rows as you need. | Name |  | |
| Role |  | |
| Name |  | |
| Role |  | |

**The mitigation initiative is presented to the program by:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mitigation initiative proponent information** | | | | | |
| Name |  | | | | |
| Type of identification | NIT | C.C. | C.E. | Other, Which? | |
| No. Identification |  | | | | |
| Contact information | Name |  | | | |
| Phone |  | | | |
| Email |  | | | |
| Is the proponent the same owner of the mitigation initiative?  Yes  No | | | | | |
| If yes, the ownership is held in the capacity of:  Owner  Legal Representative  Associate  Contractor  Other  Which? | | | | | |
| If not, provide the following data of the owner of the mitigation initiative | | | | | |
| **Mitigation initiative owner information** | | | | | |
| Name |  | | | | |
| Type of identification | NIT | C.C. | C.E. | | Other: |
| No. Identification |  | | | | |
| Contact person's data: | Name |  | | | |
| Phone |  | | | |
| Email |  | | | |

This form must be accompanied by the following documentation:

* *Owner's authorization to the proponent to represent the mitigation initiative before the COLCX program (when applicable).*
* *Photographs of the area and/or activities of the initiative*
* *Location of the initiative*

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 proposer's representative |  |
| Name of the proposer's representative |  |
| Company name of the proponent's representative |  |
| Position of the proponent's representative |  |
| Date of signature | Tuesday, April 22, 2025 |

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**History of the COLCX Program Pre-registration Application Form**

| ***Version*** | ***Date*** | ***Description*** |
| --- | --- | --- |
| 1. 1.0 2. 2.0 | 1. 13/07/2023 2. 25/11/2024 | Initial version.  Adjustment to version 1.0. |