

<b>EPA</b> U.S. Environmental Protection Agency STRATOSPHERIC OZONE PROTECTION PROGRAM	<b>CLASS I CONTROLLED SUBSTANCE          PRODUCER QUARTERLY REPORT          (Sec 82.13)</b>
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**SECTION 1 PRODUCING COMPANY IDENTIFICATION**

<b>1.1 Date of Submission</b>	<b>1.2</b> <input type="checkbox"/> <b>Original Submittal</b> <input type="checkbox"/> <b>Re-submittal</b>
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**1.3 Producing Company**

Company Name		
Street Address		
City	State	Zip Code

**1.4 Company Contact Identification**

Reporting Company Contact Person	Phone Number	Fax Number
E-mail Address		

<b>1.5 Quarter and Year to Which This Report Applies</b>	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> Year ____
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<b>1.6 Importer Information</b>	Is your company an Importer of Class I substances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the Importer Quarterly Report attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>1.7 Exporter Information</b>	Is your company an Exporter of Class I substances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the Exporter Quarterly Report attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**1.8 Signature of Reporting Company Representative**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>SEND COMPLETED FORMS TO:</b>	<b>For U.S. Postal Service:</b> Tracking System Program Manager Stratospheric Protection Division U.S. EPA (6205J) 1200 Pennsylvania Avenue, NW Washington, DC 20460	<b>For Private Courier:</b> Tracking System Program Manager Stratospheric Protection Division U.S. EPA (6205J) 1310 L Street, NW; 10 <sup>th</sup> Floor Washington, DC 20005
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Information in reports submitted in compliance with the final rule may be claimed as confidential. A company may assert a claim of confidentiality for information submitted by clearly marking that information as confidential. Such information shall be treated in accordance with EPA's procedures for information claimed as confidential at 40 CFR Part 2, Subpart B, and will only be disclosed by the means set forth in the subpart. If no claim of confidentiality accompanies the report when it is received by EPA, it may be made public without further notice to the company (40 CFR 2.203).

The public reporting and recordkeeping burden for this collection of information is estimated to average 2.4 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.



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**SECTION 2 COMPANY PRODUCTION DATA**

**2.1 Company Name**

**2.2 Company Production Totals**

A	B		C	D	E	F	G	H
Chemical Name	Essential-Uses		In-House Transformation (kg)	Second-Party Transformation (kg)	In-House Destruction (kg)	Second-Party Destruction (kg)	Article 5 Production (kg)	Gross Production of Class I Substance (B + C + D + E+ F+ G H) (kg)
	Global Laboratory Exemption (kg)	Other Essential-Uses (i.e., MDI) (kg)						
CFC-11								
CFC-12								
CFC-13								
CFC-111								
CFC-112								
CFC-113								
CFC-114								
CFC-115								
Other CFCs (please specify)								
HBFCs (please specify)								
Halons (please specify)								
Carbon Tetrachloride								
Methyl Chloroform								

CBM								
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**SECTION 3 ALLOWANCE EXPENDITURE DATA**

3.1 Company Name

**3.2 Article 5 Quarterly Balance Summary**

A	B	
Chemical Name	Total Article 5 allowances at the end of quarter that were:	
	Expended	Unexpended
CFC-11		
CFC-12		
CFC-13		
CFC-111		
CFC-112		
CFC-113		
CFC-114		
CFC-115		
Other CFCs (please specify)		
HBFCs (please specify)		
Halons (please specify)		
Carbon Tetrachloride		
Methyl Chloroform		
CBM		