**EPA** U.S. Environmental Protection Agency

STRATOSPHERIC OZONE PROTECTION PROGRAM

CLASS I CONTROLLED SUBSTANCE NOTIFICATION OF TRANSFERS OF ARTICLE 5 ALLOWANCES, ESSENTIAL-USE ALLOWANCES, OR **ESSENTIAL-USE CFCS** (Sec 82.12)

SECTION 1 TRANSFEROR/TRANSFEREE IDENTIFICATION							
1.1 Date of Submission	1.2 Original Submittal Re-submittal						
1.3 Number of Transactions Reported		Number of Pages bmitted					
1.5 Company Information							
Company Type (Select only one)	Transferor (for Transfers of Article 5 or Essential-Use Allowances) Transferee (for Transfers of Essential-Use CFCs)						
Company Name							
Street Address							
City		State	Zip Code				
1.6 Company Contact Identification							
Reporting Company Contact Person	Phone Number		Fax Number				
E-mail Address		•					
1.7 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			Date				
Signature	2 33						

### SEND COMPLETED FORMS TO:

For U.S. Postal Service:

Tracking System Program Manager Stratospheric Protection Division U.S. EPA (6205J) 1200 Pennsylvania Avenue, NW

Washington, DC 20460

## For Private Courier:

Tracking System Program Manager Stratospheric Protection Division U.S. EPA (6205J) 1310 L Street, NW; 10th Floor Washington, DC 20005

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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#### TRANSACTION RECORD FOR TRANSFERS OF <u>ARTICLE 5 (A5) ALLOWANCES</u> **SECTION 2.A** OR ESSENTIAL-USE ALLOWANCES

(Reproduce additional sheets as needed)							
TRANSACTION #							
2.1 Transferee Identification							
Transferee Company Name	Transferee Contact Person						
Street Address							
City		State	Zip Code				
Phone Number		Fax Number					
E-mail Address							
Are Article 5 allowances or essential-use allow	vances being transferred?	ssential Use					
2.2 Control Period for which Allowances A Transferred (select only one)	Current Year Allowances	Baseline `	Year Allowances				
2.3 Chemical Transferring From		2.4 ODP					
2.5 Amount of Allowances of Chemical in S Being Transferred (kg)	Section 2.3						
2.6 Calculated Level of Chemical in Section Transferred (Section 2.4 x Section 2.5)							
2.7 Chemical Transferring To		2.8 ODP					
2.9 Amount of Offset (0.01 x Section 2.5) (k	g)						
2.10 Amount of Allowances Subtracted fro Transferor's Balance of Chemical Bei Transferred (Section 2.5 + Section 2.9	ng						
2.11 Amount of Allowances of Chemical in Being Received (Section 2.6 ÷ Section							
	s, have you included signed documentation froducts that will be produced using the Essen		s 🗌 No				

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# SECTION 2.B TRANSACTION RECORD FOR TRANSFERS OF ESSENTIAL-USE CFCS

(Reproduce additional sheets as needed)

TRANSACTION #								
2.1 Transferor Identification								
Transferor Company Name	Transferor Contact Person							
Street Address								
City			State	Zip Code				
Phone Number			Fax Number					
E-mail Address								
2.2 Essential-Use CFC being transferred (s	select only one)	CFC-1	.1	CFC-12	CFC-114			
2.3 Amount of Essential-Use CFC in Section transferred (kg)	on 2.2 being							
2.4 The specific Metered Dose Inhaler (MDI the MDI drug product or active moiety) Transferee plans to produce with the tra	that the							
2.5 The country(ies) where the CFC MDIs p the transferred Essential-Use CFCs will than in the United States								
2.6 Have you provided certification that the used in the production of essential MDI			☐ Yes ☐ N	lo				
2.7 Have you submitted a letter by the transferor stating that it concurs with the terms of the transfer stated in your request (per Sec 82.12)?		☐ Yes ☐ No						



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# **SECTION 3 UNEXPENDED BALANCE SUMMARY** 3.1 Balance of Unexpended Allowances Prior to Transfers Reported Α В С Balance of Unexpended Article 5 Balance of Unexpended Essential-Use **Chemical Name** Allowances for CFC use in Essential MDIs Allowances CFC-11 CFC-12 CFC-13 CFC-111 CFC-112 CFC-113 CFC-114 CFC-115 Other CFCs (please specify)