OMB Control Number: 2060-0498 Expiration Date: 7/31/09

**EPA** 

U.S. Environmental Protection Agency

STRATOSPHERIC OZONE PROTECTION PROGRAM

#### CLASS II CONTROLLED SUBSTANCE

REQUEST FOR ADDITIONAL CLASS II CONSUMPTION ALLOWANCES (Sec 82.20)

## SECTION 1 EXPORTING COMPANY IDENTIFICATION

			_			
1.1 Date of Submission	1.2 Number Reported	of Transactions d				
1.3 Number of Pages Submitted	1.4 Origin	al Submittal 🗌 F	Re-submittal			
NOTE: ATTACH ALL BILLS OF LADING AND INVOICES SHOWING NET QUANTITY SHIPPED AND DOCUMENTING THE SALE						
1.5 Exporting Company						
Company Name						
Street Address						
City		State	Zip Code			
Exporter EIN from Customs Form 7525						
1.6 Company Contact Identification						
Reporting Company Contact Person	Phone Nu	ımber	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						
Signature		Date				

#### **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, 10<sup>th</sup> 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 4.5 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 TRANSACTION RECORDS**

(Reproduce additional sheets as needed)

2.1 Company Name

**2.2 Transaction Summaries** 

TRANSACTION #									
			Street Address						
City		Country				Pos	Postal Code		
Company	Contact Person	Phone Numb			r Fax Number				
Quantity of Commodity Exported (kg)									
HCFC Chemical Exported			Quantity of HCFC Exported (kg)						
Date of Export (mm/dd/yy)			Port of Export from the U.S.						
Select One:  (a) Company that produced the HCFC (expending production and consumption allowances):  (b) Company that imported HCFC (expending consumption allowances), AND country imported from:  Date Purchased					Date Purchased				
		TDANCA	CTION #						
Recipient Company Name Street Add			dress	ress					
City		Country				Pos	Postal Code		
Company	Contact Person		Phone Number				Fax Number		
Quantity of	Quantity of Commodity Exported (kg)								
HCFC Chemical Exported				Quantity of HCFC Exported (kg)					
Date of Export (mm/dd/yy)				Port of Export from the U.S.					
Select One:  (a) Company that produced the HCFC (expending production and consumption allowances):  (b) Company that imported HCFC (expending consumption allowances), AND country imported from:  Date Purchased									
TRANSACTION #									
Recipient Company Name			Street Address						
City		Country				Pos	Postal Code		
		Phone Number				Fax Number			
Quantity of Commodity Exported (kg)									
HCFC Chemical Exported				Quantity of HCFC Exported (kg)					
Date of Export (mm/dd/yy)				Port of Export from the U.S.					
Select One:  (a) Company that produced the HCFC (expending production and consumption allowances):  (b) Company that imported HCFC (expending consumption allowances), AND country imported from:  Date Purchased									

OMB Control Number: 2060-0498 Expiration Date: 7/31/09



3.1 Company Name

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## **SECTION 3 COMPANY EXPORT TOTALS**

3.1 Company Name						
3.2 Company Request Summary						
A	В					
Chemical Name (Commodity Code)	Total Consumption Allowances Requested (kg)					
HCFC-22 (2903.49.9010)						
HCFC-142b (2903.49.9020)						
HCFC-123 (2903.49.9020)						
HCFC-124 (2903.49.9020)						
HCFC-225ca (2903.49.9020)						

Please note: This form must be accompanied by a written statement from the producer that the class II controlled substances were produced with expended allowances or a written statement from the importer that the class II controlled substances were imported with expended allowances.

EPA Form # 5900-201, Revised 12/09

HCFC-225cb (2903.49.9020)