

**EPA** U.S. Environmental Protection Agency  
 STRATOSPHERIC OZONE PROTECTION PROGRAM

CLASS I CONTROLLED SUBSTANCE  
 METHYL BROMIDE  
 EXPORTER QUARTERLY REPORT  
 (40 CFR 82.13)

**SECTION 1 EXPORTING COMPANY IDENTIFICATION**

**1.1 Date of Submission** \_\_\_\_\_ **1.2**  Original Submittal  Re-submittal

**1.3 Number of Transactions Reported** \_\_\_\_\_ **1.4 Number of Pages Submitted** \_\_\_\_\_

**1.5 Quarter and Year to Which This Report Applies**  
 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup> Year \_\_\_\_\_

**1.6 Exporting Company**

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Exporter EIN Number from Customs Form 7525: \_\_\_\_\_

**1.7 Company Contact Identification**

Reporting Company Contact Person \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**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> U.S. EPA Stratospheric Protection Division Office of Atmospheric Programs Mail Code: 6205T 1200 Pennsylvania Avenue, NW Washington, D.C. 20460	<b>For Private Courier:</b> U.S. EPA Stratospheric Protection Division Office of Atmospheric Programs Room 4355CC 1201 Constitution Avenue, NW Washington, D.C. 20004
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A company may assert a claim of confidentiality for information submitted in this form 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 1.3 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)**

<b>2.1 Company Name</b>	
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**2.2 Transaction Summaries**

<b>TRANSACTION #</b>					
Recipient Company Name					
Street Address					
City		Country		Postal Code	
Company Contact Person			Phone Number		Fax Number
Port of Export from the U.S.			Date of Export (mm/dd/yy)		
Quantity of Methyl Bromide Exported (kg)					
Purpose of export is for:	<input type="checkbox"/> Transformation	<input type="checkbox"/> QPS		<input type="checkbox"/> Emergency Use	
	<input type="checkbox"/> Destruction	<input type="checkbox"/> Critical Use		<input type="checkbox"/> Lab Use	

<b>TRANSACTION #</b>					
Recipient Company Name					
Street Address					
City		Country		Postal Code	
Company Contact Person			Phone Number		Fax Number
Port of Export from the U.S.			Date of Export (mm/dd/yy)		
Quantity of Methyl Bromide Exported (kg)					
Purpose of export is for:	<input type="checkbox"/> Transformation	<input type="checkbox"/> QPS		<input type="checkbox"/> Emergency Use	
	<input type="checkbox"/> Destruction	<input type="checkbox"/> Critical Use		<input type="checkbox"/> Lab Use	

<b>TRANSACTION #</b>					
Recipient Company Name					
Street Address					
City		Country		Postal Code	
Company Contact Person			Phone Number		Fax Number
Port of Export from the U.S.			Date of Export (mm/dd/yy)		
Quantity of Methyl Bromide Exported (kg)					
Purpose of export is for:	<input type="checkbox"/> Transformation	<input type="checkbox"/> QPS		<input type="checkbox"/> Emergency Use	
	<input type="checkbox"/> Destruction	<input type="checkbox"/> Critical Use		<input type="checkbox"/> Lab Use	

