



U.S. Environmental Protection Agency
 STRATOSPHERIC OZONE PROTECTION PROGRAM

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

SECTION 1 IMPORTING COMPANY IDENTIFICATION

1.1 Date of Submission		1.2	<input type="checkbox"/> Original Submittal	<input type="checkbox"/> Re-submittal
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1.3 Number of Transactions Reported		1.4 Number of Pages Submitted	
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1.5 Quarter and Year to Which This Report Applies

1st 2nd 3rd 4th Year _____

1.6 Importing Company

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Nine-digit IRS Importer Number _____

1.7 Company Contact Identification

Reporting Company Contact Person _____

E-mail Address _____

Phone Number _____ Fax Number _____

1.8 Sales to Critical Users	Did your company make sales directly to critical users?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, is the Sales of Critical Methyl Bromide to End Users Report attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1.9 Pre-Phaseout Stocks	Did your company own pre-phaseout stocks of methyl bromide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, is the Pre-2005 Methyl Bromide Stocks Report attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1.10 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:	For Private Courier:
	U.S. EPA Stratospheric Protection Division Office of Atmospheric Programs Mail Code: 6205T 1200 Pennsylvania Avenue, NW Washington, D.C. 20460	U.S. EPA Stratospheric Protection Division Office of Atmospheric Programs Room 4355CC 1201 Constitution Avenue, NW Washington, D.C. 20004

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)****2.1 Company Name****2.2 Transaction Summaries**

TRANSACTION #		
Source Country	Port of Exit from Source Country	
Quantity of Methyl Bromide Imported (kg)	Port of Entry into the U.S.	
Date of Import (mm/dd/yy)	Customs Entry Summary Number	
Transaction Type (check one):	<input type="checkbox"/> New <input type="checkbox"/> Heels	
Methyl Bromide will be imported for:	<input type="checkbox"/> Post-Harvest CUE <input type="checkbox"/> Destruction <input type="checkbox"/> QPS <input type="checkbox"/> Emergency Use <input type="checkbox"/> Pre-Plant CUE <input type="checkbox"/> Transformation <input type="checkbox"/> Lab Use	

TRANSACTION #		
Source Country	Port of Exit from Source Country	
Quantity of Methyl Bromide Imported (kg)	Port of Entry into the U.S.	
Date of Import (mm/dd/yy)	Customs Entry Summary Number	
Transaction Type (check one):	<input type="checkbox"/> New <input type="checkbox"/> Heels	
Methyl Bromide will be imported for:	<input type="checkbox"/> Post-Harvest CUE <input type="checkbox"/> Destruction <input type="checkbox"/> QPS <input type="checkbox"/> Emergency Use <input type="checkbox"/> Pre-Plant CUE <input type="checkbox"/> Transformation <input type="checkbox"/> Lab Use	

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Date of Import (mm/dd/yy)	Customs Entry Summary Number	
Transaction Type (check one):	<input type="checkbox"/> New <input type="checkbox"/> Heels	
Methyl Bromide will be imported for:	<input type="checkbox"/> Post-Harvest CUE <input type="checkbox"/> Destruction <input type="checkbox"/> QPS <input type="checkbox"/> Emergency Use <input type="checkbox"/> Pre-Plant CUE <input type="checkbox"/> Transformation <input type="checkbox"/> Lab Use	



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SECTION 3 COMPANY IMPORT DATA

3.1 Company Name

3.2 Company Import Totals (Methyl Bromide Commodity Code 2903.30.1520)

A	B	C	D	E	F		G	H	I	J
In-House Transformation (kg)	Second-Party Transformation (kg)	In-House Destruction (kg)	Second-Party Destruction (kg)	Quarantine and Pre-shipment (QPS) (kg)	Critical Use (kg)		Emergency Use (kg)	Lab Use (kg)	Gross Imports (kg) (A+B+C+D+E+F ₁ +F ₂ +G+H=I)	Total 'Heels' (kg)
					F ₁	F ₂				
					Pre-Plant	Post-Harvest				

SECTION 4 ALLOWANCE EXPENDITURE DATA

4.1 Allowance Balance Summary

		Expended	Unexpended
A ₁	Total pre-plant critical use allowances for year to date (as of the end of the quarter) that were:		
A ₂	Total post-harvest critical use allowances for year to date (as of the end of the quarter) that were:		

4.2 Importer's CUE Methyl Bromide Ending Inventory, If Any (Complete this question for 4th quarter reporting only)

_____ kg owned by reporting company (at end of the control period) (including all quantities held by other suppliers)

4.3 Name(s) of Company(ies) for which Critical Use Methyl Bromide is Being Held by Reporting Entity and Associated Amounts Held for Each (excluding end-users) (Complete this question for 4th quarter reporting only)

Company Name:	Pre-Plant (kg):	Post-Harvest (kg):
Company Name:	Pre-Plant (kg):	Post-Harvest (kg):