OMB Control Number: 2060-0498

Expiration Date: TBD

# **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	umber of Transactions Reported				
1.3 Number of Pages Submitted	1.4	1.4 Original Submittal 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						
E-mail Address						
Phone Number	Fax Ni	Fax Number				
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					
SEIND COMPLETED FORMS TO.	U.S. Postal Servi		Private Courier:			
Stra U.S 120	cking System Prog tospheric Protection . EPA (6205J) 0 Pennsylvania Av shington, DC 2046	on Division Stra U.S enue, NW 131	cking System Program Manager tospheric Protection Division EPA (6205J) OL Street, NW, 10 <sup>th</sup> Floor shington, 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.

OMB Control Number: 2060-0498 Expiration Date: TBD

Company Contact Person

Port of Export from the U.S.

If Produced in the U.S.:

**HCFC** Exported

If Imported:

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

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STRATOSPHERIC OZONE PROTECTION PROGRAM

**REQUEST FOR ADDITIONAL CLASS II CONSUMPTION ALLOWANCES** (Sec 82.20)

Fax Number

SECTION	2 TRA	NSACTION R	ECORDS	5		(Reproduce A	dditional Sheets as Needed)
2.1 Compan	y Name						
2.2 Transaction Summaries							
		<b></b>					
			ACTION #				
Recipient Company Name							
Street Address						5	
City			Country			Postal Code	
<u> </u>	,			Phon	e Number Fax Number		
•	Port of Export from the U.S.				Date of Export (mm/dd/yy)		
HCFC Exported				Quantity of HCFC Exported (kg)			
	If Produced in the U.S.: Company that produced the HCFC (expending production and consumption allowances):						
	If Imported: Company that imported HCFC (expending consumption allowances), AND country imported from:						
Date Purchased (Complete if the company that exported the HCFC is not the same company that produced the HCFC):							
	TRANSACTION #						
Recipient Company Name							
Street Address	S						
City			Country			Postal Code	
Company Contact Person Phon			e Number Fax Number		Fax Number		
Port of Export from the U.S.			Date of Export (mm/dd/yy)				
HCFC Exported			Quantity of HCFC Exported (kg)				
If Produced in	If Produced in the U.S.: Company that produced the HCFC			C (expending	production and cor	nsumption allowances):	
If Imported: Company that imported HCFC (expending consumption allowances), AND country imported from:							
Date Purchased (Complete if the company that exported the HCFC is not the same company that produced the HCFC):							
TRANSACTION #							
Recipient Company Name							
Street Address							
City Country						Postal Code	

Phone Number

Company that imported HCFC (expending consumption allowances), AND country imported from:

Date Purchased (Complete if the company that exported the HCFC is not the same company that produced the HCFC):

Date of Export (mm/dd/yy)

Company that produced the HCFC (expending production and consumption allowances):

Quantity of HCFC Exported (kg)

OMB Control Number: 2060-0498 Expiration Date: TBD

**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 3 COMPANY EXPORT TOTALS**

### 3.1 Company Name

#### 3.2 Company Request Summary

Α	В					
Chemical Name (Commodity Code)	Total Consumption Allowances Requested (kg)					
HCFC-22 (2903.71.0000)						
HCFC-142b (2903.74.0000)						
HCFC-123 (2903.72.0020)						
HCFC-124 (2903.79.9030)						
HCFC-225ca (2903.75.0000)						
HCFC-225cb (2903.75.0000)						

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 10/12