

# U.S. Environmental Protection Agency

## Stratospheric Ozone Protection Program

### **Distributor of QPS Methyl Bromide Quarterly Report (Sec 82.13)**

Version 1.0

Last Updated: April 2018



Proceed to Section 1

### **Instructions**

Complete this form by filling in the data fields that are highlighted in **blue**. Guidance on how to complete individual data fields are provided in comment bubbles. Use the arrows to navigate between the tabs. Once completed, use the 'prepare submission' button in Section 2 to generate your CSV file.

**Report Submission:** This Excel file, the generated CSV file, and all supporting attachments should be submitted to EPA through the Central Data Exchange (CDX). Refer to EPA's website for additional information on form submission:

<https://www.epa.gov/ods-phaseout/ods-recordkeeping-and-reporting>

*All information submitted to EPA will be treated as confidential in accordance with 40 CFR Part 2, Subpart B, and will only be disclosed by the means set forth in the subpart.*

*The public reporting and recordkeeping burden for this collection of information is estimated to average 2 hour 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 Avenue NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.*

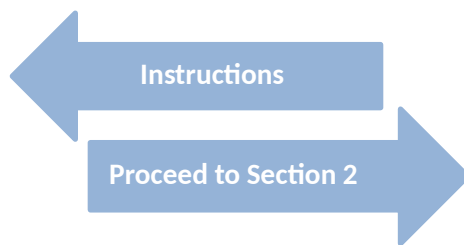
EPA Form #5900-155

OMB Control Number: 2060-0170

Expiration Date: 10/31/2018

**U.S. Environmental Protection Agency**  
*Distributor of QPS Methyl Bromide Quarterly Report*

Date Prepared: 1/20/2021



**Section 1: Report Identification Information**

*Complete all fields below. No fields may be left blank.*

Company Name:	
Submission Type:	
Reporting Year:	
Reporting Quarter:	



# U.S. Environmental Protection Agency

## Distributor of Methyl Bromide QPS Quarterly Report

Company Name:  
Reporting Period:

[Prepare Submission](#)

### Section 2: Distributer of QPS Data

Identify the amount of QPS methyl bromide distributed by your company during the reporting period. If no methyl bromide was distributed for QPS, enter 0.

Total quantity of methyl bromide delivered for use in certified QPS applications (kg)	
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**Supplier Identification:** Identify the name(s) of the producer(s) or importer(s) to whom a certification was provided that the quantity of methyl bromide received will be used only for QPS application.

Company Name

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