OMB Control Number: 2060-0170

Expiration Date: 8/31/21

## **EPA** U.S. Environmental Protection Agency CLASS I CONTROLLED SUBSTANCE LABORATORY CERTIFICATION REPORT (Sec 82.13) STRATOSPHERIC OZONE PROTECTION PROGRAM **SECTION 1** LABORATORY IDENTIFICATION 1.1 Date of Submission 1.2 Original Submittal Re-submittal 1.3 Number of Class I Substances 1.4 Number of Pages Reported **Submitted** 1.5 Laboratory Information Laboratory Name Street Address City State Zip Code 1.6 Laboratory Contact Identification Phone Number Fax Number Reporting Laboratory Contact Person E-mail Address 1.7 Signature of Reporting Laboratory Representative I certify that the quantities of controlled substances listed in this form are purchased solely for use in laboratory applications and will not be resold or used in manufacturing. 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

## **SEND COMPLETED FORMS TO:**

Title

Signature

The Company from Whom the Class I Substances Were Purchased

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).

Date

The public reporting and recordkeeping burden for this collection of information is estimated to average 2.1 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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## CLASS I CONTROLLED SUBSTANCE

STRATOSPHERIC OZONE PROTECTION PROGRAM	LABORATORY CERTIFICATION REPORT (Sec 82.13)
SECTION 2 SUBSTANCE IDENTIFICA (Reproduce Additional Sheets as	
2.1 Lab Name	
2.2 Class I Substance (Select only one below)	
CFC-11	CFC-111
CFC-113	Other CFC (please specify)
HBFC (please specify)	Halon (please specify)
Carbon Tetrachloride	☐ CBM ☐ Methyl Bromide ☐
2.3 Amount of Class I Substance (kg)	
2.4 Laboratory Applications (Select as many as apply	y and indicate percent use)
A. Research and Development Reaction Solvent or Reaction Feedstock	

SECTION 3	SUPPLIER IDENTIFICATION
3.1 Supplier Name	