OMB Control Number: 2060-0170 Expiration Date: 4/16/2023

# **U.S. Environmental Protection Agency**

Stratospheric Ozone Protection Program

## Distributer of QPS Methyl Bromide Quarterly Report (Sec 82.13)

Version 5.0

Last Updated: April 2020

**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.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2060-0170). Responses to this collection of information are mandatory (40 CFR 82.13). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The number and expiration date are displayed in the upper right corner of the form. The public reporting and recordkeeping burden for this collection of information is estimated to be 2 hours per response. Send comments on the Agency's need this formation, 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, Regulatory Support Division, U.S. Environmental Protection Agency (2821T), 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.

EPA Form #5900-155

# **U.S. Environmental Protection Agency**

Distributer of QPS Methyl Bromide Quarterly Report

**Date Prepared:** 1/14/2021

# Instructions Proceed to Section 2

# **Section 1: Report Identification Information**

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

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

<b>U.S. Environmental Protection Agency</b> Distributer of Methyl Bromide QPS Quarterly Report	
Company Name:	D 61::
Reporting Period:	Prepare Submission
Section 2: Distributer of QPS Data	
Identify the amount of QPS methyl bromide distributed by your company du methyl bromide was distributed for QPS, enter 0.	ring the reporting period. If no
Takal assaulting of months of months delicensed for use in actific 1 ODS assults	
	, 0
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