OMB Control Number: 2060-0170

Expiration Date: 4/16/2023

CLASS I CONTROLLED SUBSTANCE

STRATOSPHERIC OZONE PROTECTION PROGRAM		LABORATORY CERTIFICATION REPORT (Sec 82.13)			
	IDENTIFICATION				
1.1 Date of Submission		1.2		ıl	
1.3 Number of Class I Substances Reported		1.4 Number of Pages Submitted			
1.5 Laboratory Information					
Laboratory Name					
Street Address					
City	State	Zip Code			
1.6 Laboratory Contact Identification					
Reporting Laboratory Contact Person	Phone Number	Fax Number			
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					
Title		Dete			
ignature Date					

SEND COMPLETED FORMS TO:

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).

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seg. (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 2.1 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.

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EPA U.S. Environmental Protection Agency

CLASS I CONTROLLED SUBSTANCE

LABORATORY CERTIFICATION REPORT (Sec 82.13) STRATOSPHERIC OZONE PROTECTION PROGRAM					
SECTION 2 SUBSTANCE IDENTIFICATION AND USE (Reproduce Additional Sheets as Needed)					
2.1 Lab Name					
2.2 Class I Substance (Select only one below)					
CFC-11					
CFC-113					
HBFC (please specify)					
Carbon Tetrachloride					
2.3 Amount of Class I Substance (kg)					
2.4 Laboratory Applications (Select as many as apply and indicate percent use)					
2.4 Laboratory Applications (Select as many as apply and indicate percent use) A. Research and Development Reaction Solvent or Reaction Feedstock B. Analytical Uses and Regulated Applications **Reference** Chemical					
SECTION 3 SUPPLIER IDENTIFICATION					

SECTION 3	SUPPLIER IDENTIFICATION
3.1 Supplier Name	