OMB Control Number: 2060-XXXX Expiration Date: X/XX/202X

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

Allowance Allocation and Trading Program under the AIM Act

# HFC Domestic Transfers Report (Sec 84.19 and 84.21)

Version 1.0 Last Updated:



# **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 on the Summary tab to generate your CSV file.

**Copying and Pasting Data:** If data are pasted into this reporting form from another spreadsheet, the formatting of specific cells must be consistent with the requirements of the form in order to be

accepted into EPA's ODS Tracking System. Refer to the Reference List to identify the valid naming scheme for spec

**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/climate-hfcs-reduction/collection-data-support-establishment-hfc-allowance-allocation-anc

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EPA Form # 5900-506

U.S. Environment	al Protection Agency		
HFC Domestic Tra	nsfers Report	Instructions	
Date Prepared:			
		Proceed to Section 2	2
Section 1: Transfero	Identification Information		
Complete all fields below	. No fields may be left blank.		
Company Name:			
Submission Type:			
Reporting Year:			

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

## HFC Domestic Transfers Report

Company Name: Reporting Period:

### Proceed to Section 3

### Section 2: Transferee Information

In the table below, enter the contact information for the recipient of the transfer or sale (\$84.19(a)(2)(i) and \$84.19(a)(2)(ii)).

Transferee Company Name	Transferee Contact Name	Transferee Contact Phone Number	Transferee Contact Email	Transferee Street Address	Transferee City	Transferee State	Transferee Zip Code
Text	Text	Text	Text	Text	Text	Selection	Text

S. Environmental Protection Agency	4
HFC Domestic Transfers Report	Return to Section 2
Company Name: Reporting Period:	Proceed to S
Section 3: Transaction Data	Proceed to 3

In the table below, enter data for each transfer request. For all regulated substances that are transferred, all fields are required unless otherwise indicated. For transfers of application-specific allowances, additionally provide a signed document from the transferee certifying that the transferee will use the application-specific allowances only for the same application for which the application-specific allowance was allocated (§84.19(a)(2)(viii)).

	Allowance Type				O	Calculated Values	
Transaction Number	Production, Consumption, or Application-Specific (§84.19(a)(2)(iii))	Application, if applicable (§84.19(a)(2)(iii))	Quantity of Allowances Being Transferred (§84.19(a)(2)(iv))	Total Cost of Allowance Transfer (§84.19(a)(2)(v))	Quantity of Unexpended Allowances Held by Transferor (§84.19(a)(2) (vi))	Amount of Offset (§84.19(a)(2)(vii))	Number of Allowances Subtracted from Transferor's Allowance Balance
Autopopulated	Selection	Selection	MTEVs	(US\$)	MTEVs	MTEVs	MTEVs

# ## HFC Domestic Transfers Report Company Name: Reporting Period: Section 4: Application-Specific Allowance Transfers or Sales If transfering application-specific allowances, describe below or in supporting documentation the specific products that the transferee plans to produce with the HFCs (§84.21(b)(2)(v)).