

U.S. Environmental Protection Agency Stratospheric Ozone Protection Program

Distributor 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:

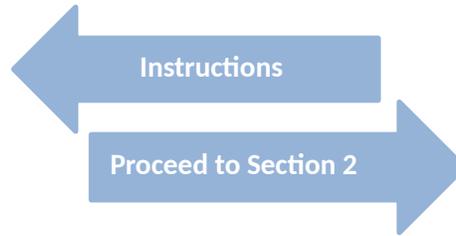
<https://www.epa.gov/ods-phaseout/ods-recordkeeping-and-reporting>

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.

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

Date Prepared: 10/4/2021



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)

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

Return to Section 1