

ODS Petition to Import CDX Reporting Form

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Petition to Import for Use: ▶ RPETI_XXXX_05923

Step 1

Step 2

Step 3

Step 4

Step 5

Importer and Exporter Information

Facilities

Equipment and Installation Information

Import Summary

Optional Uploads

Importer and Exporter Information

Please enter all required information below. Fields with red asterisk are required. The 'Company Name' has been pre-populated from your CDX profile and cannot be edited. Click the 'Copy From CDX' link to populate the fields with your CDX profile information.

Importer Information

[Copy From CDX](#)

- Company Name	<input type="text" value="ICF INTERNATIONAL"/>	- Importer Number	<input type="text"/>
- Contact First Name	<input type="text"/>	- Vessel Name	<input type="text"/>
- Contact Last Name	<input type="text"/>	- Expected Year of Import	<input type="text"/>
- Email	<input type="text"/>	- Expected Month of Import	<input type="text"/>
- Phone	<input type="text"/>	- Intended Port Of Entry	<input type="text" value="Select an Option"/>
- Street Address 1	<input type="text"/>		
- Street Address 2	<input type="text"/>		
- City	<input type="text"/>		
- State	<input type="text"/>		
- Country	<input type="text"/>		
- Postal Code	<input type="text"/>		

Please enter all required information below

Exporter Information

- Company Name	<input type="text"/>	- Contact Name	<input type="text"/>
- Email	<input type="text"/>	- Phone	<input type="text"/>
- Street Address 1	<input type="text"/>	- Street Address 2	<input type="text"/>
- City	<input type="text"/>	- Postal Code	<input type="text"/>
- Country	<input type="text"/>		

Was this ODS owned by another party after recovery? Yes No

Other Owners

Row	Company Name	Contact Name	Phone	Email	Address 1	Address 2	City	Country	Postal Code	Action
1										

Continue

Next Page: Facilities



Petition to Import for Use: ▶ RPETI_XXXX_05923

Step 1

Step 2

Step 3

Step 4

Step 5

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Facilities

Add the source facilities from which you obtained the chemicals. Indicate Reclamation Facilities and U.S. Purchasers if applicable.

Source Facilities										
Row	Company Name	Contact Name	Phone	Email	Address 1	Address 2	City	Country	Postal Code	Action
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="+"/> <input type="button" value="x"/>

What is the intended use of the recovered material? (select all that apply)

Are there one or more U.S. Purchasers? Yes No

U.S. Purchasers											
Row	Company Name	Contact Name	Phone	Email	Address 1	Address 2	City	State	Country	Zip Code	Action
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	United States	<input type="text"/>	<input type="button" value="+"/> <input type="button" value="x"/>

Was the material reclaimed in another country? Yes No

Please identify the foreign reclamation facilities that recovered the material.

Foreign Reclamation Facilities										
Row	Company Name	Contact Name	Phone	Email	Address 1	Address 2	City	Country	Postal Code	Action
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="+"/> <input type="button" value="x"/>

Are there one or more U.S. Reclamation facilities receiving the material for processing to sell as a refrigerant? Yes No

Please select the EPA 608 certified U.S. reclamation facilities that will receive the material

EPA 608 Certified U.S. Reclamation Facilities											
Row	Company Name	Contact Name	Phone	Email	Address 1	Address 2	City	State	Country	Zip Code	Action
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="+"/> <input type="button" value="x"/>

Are there other U.S. Reclamation or recycling facilities receiving the material? Yes No

U.S. Reclamation Facilities											
Row	Company Name	Contact Name	Phone	Email	Address 1	Address 2	City	State	Country	Zip Code	Action
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	United States	<input type="text"/>	<input type="button" value="+"/> <input type="button" value="x"/>

Previous

Continue

Next Page: Equipment and Installation Information



Petition to Import for Use: ▶ RPETI_XXXX_05923

Step 1	Step 2	Step 3	Step 4	Step 5
Importer and Exporter Information	Facilities	Equipment and Installation Information	Import Summary	Optional Uploads

Equipment and Installation Information

Row	Purpose of Original Installation	Best Estimate of Original Installation	Equipment Name, Make, and Model	Description of Previous Use	Additional Information Regarding Previous Use	Chemical	Quantity of Chemical Recovered (kg)	Cylinders	Action
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Add/Edit + x

[Previous](#) [Continue](#)

Next Page: Import Summary



Petition to Import for Use: ▶ RPETI_XXXX_05923

Step 1	Step 2	Step 3	Step 4	Step 5
Importer and Exporter Information	Facilities	Equipment and Installation Information	Import Summary	Optional Uploads

Import Summary

Review the information below for accuracy. The total quantity must be less than or equal to the export license amount.

Row	Chemical	Commodity Code	Total Quantity (kg)	Export License Amount (kg)	Quantity Not Listed on Export License
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• Please provide an Exporter license/application for license.

Row	Document Name	Size (bytes)	Action
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Add document

Previous

Continue

Next Page: Optional Uploads



Petition to Import for Use: ▶ RPETI_XXXX_05923

Step 1	Step 2	Step 3	Step 4	Step 5
Importer and Exporter Information	Facilities	Equipment and Installation Information	Import Summary	Optional Uploads

Optional Uploads

Upload one or more optional documents/resources. Please indicate the type of document/resource uploaded via the 'Document Description' field if you specify the document type as 'Other'.

Row	Document Name	Document Type	Document Description	Action
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Add document

Previous

Submit