## American Innovation and Manufacturing Act - HFC Application-Spec

Worksheet Instructions:		
Version:		
r0.1		
Updated:		
9/24/2021		
External Links:		
Reporting Form Navigation:		
Section 1 - Company Identification	Section 4 - Transition Plan	
Section 2 - Application-Specific Data	Section 5 - Additional Application	n-Specific Allowances for Next (
Section 3 - Allowance Conferral Data	Section 6 - Contracting Informati	<u>on</u>
Section 1 - Company Identifica	ation	
Instructions: Complete the following co	ompany information.	
Company Name:		
AIMRS Company ID:		
Reporting Year:		
Reporting Period:		
Section 2 - Application-Specifi	c Data	
Instructions: Enter the quantity of each previous six months. Additionally, pro		
		Acquire
1	2	4
HFC	Quantity Acquired through Conferring Allowances (kg) §84.31(h)(1)(i)	Quantity Acquired through Expending Allowances and Directly Imported (kg) §84.31(h)(1)(ii)
Section 3 - Allowance Conferra		on-specific allowances were c
Instructions: Provide the names of the	companies to which application	
		on-specific allowances were c
Instructions: Provide the names of the	companies to which application	
Instructions: Provide the names of the	companies to which application  2  Company to Which	3 Company Contact Name
Instructions: Provide the names of the	companies to which application  2  Company to Which	3 Company Contact Name
Instructions: Provide the names of the	companies to which application  2  Company to Which	3 Company Contact Name

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et An agency may not conduct or sponsor, and a person is not required to respond to, a collection of informatics collection of information is estimated to be 12 hours per response. Send comments on the Agency's r respondent burden including through the use of automated collection techniques to the Director, Regulato D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to

EPA Form # 5900-551

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

## cific Allowance Holder Biannual Reporting Form

<u>Calendar Year</u>			

allowances, directly imported, or purchased without expending application-specific allowances (i.e., from t vious six-month period, and the quantity destroyed or recycled during the previous six months.

ed, Held in Inventory, Destroyed or Recycled					
5	7	8			
Quantity Purchased for Application-Specific Allowances without Expending Application- Specific Allowances (kg) §84.31(h)(1)(iii)	Quantity Held in Inventory by the Reporting Company or Held under Contract by Another Company for the Reporting Company's Use (kg) §84.31(h)(1)(iv)	Quantity Destroyed (kg) §84.31(h)(1)(v)			

## onferred.

HFC Allowance Conferral Data					
4	5	6			
Company Contact Email §84.31(h)(1)(vi)	Company Contact Phone §84.31(h)(1)(vi)	Quantiy of Allowances Conferred (kg) §84.31(h)(1)(vi)			

seq. (OMB Control No. 2060-XXXX). Responses to this collection of information are mandatory (40 CFR 84.31). ation unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for need this formation, the accuracy of the provided burden estimates and any suggested methods for minimizing ry Support Division, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, this address.

he open market) during the

9

Quantity Recycled (kg) §84.31(h)(1)(v)

7

Quantity of HFC Received (kg) §84.31(h)(1)(vi)

## **American Innovation and Manufacturing Act - HFC Applicat**

Version:		
0.1		
Jpdated:		
9/24/2021		
External Links:		
Reporting Form Navigation:		
Section 1 - Company Identification	Section 4 - Transition Pla	
Section 2 - Application-Specific Data	Section 5 - Additional App	·
Section 3 - Allowance Conferral Data	Section 6 - Contracting In	<u>nformation</u>
Section 4 - Transition Plan		
Provide a description of plans to tran	nsition application-specific	c use of regulated sub
Provide a description of plans to trar substances. §84.31(h)(1)(vii)	nsition application-specific	c use of regulated sub
	nsition application-specific	c use of regulated sub
	nsition application-specific	c use of regulated sub
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	nsition application-specific	c use of regulated sub
	nsition application-specific	c use of regulated sub
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	nsition application-specific	c use of regulated sub
substances. §84.31(h)(1)(vii)		
Substances. §84.31(h)(1)(vii)  Section 5 - Additional Applic	ation-Specific Allow	ances for Next Ca
Substances. §84.31(h)(1)(vii)  Section 5 - Additional Applic	ation-Specific Allow	ances for Next Ca
substances. §84.31(h)(1)(vii)  Section 5 - Additional Applic	ation-Specific Allow	ances for Next Ca
Section 5 - Additional Applications: If the company is reque	ation-Specific Allowance	ances for Next Ca
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		Manufactu
1	2	3
Company Name §84.31(h)(1)(ix)	Contact Name §84.31(h)(1)(ix)	Contact Emai §84.31(h)(1)(ix

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

ion-Specific Allowance Holder Biannual Reporting Form es for Next Calendar Year ances to regulated substances with a lower exchange value or alternatives to regulated endar Year the circumstances listed in 84.13(b)(1), provide a projection of the monthly quantity of addition Quantity Needed for Application-Specific Use (kg) 884 31/h)/1)/viii) 4 5 6 **April** March May June ustify the additional need of allowances. §84.31(h)(1)(viii)

remetered dose inhalers, or paying another person (whether it is in cash, credit, goods, or e following information for the contact doing to manufacturing or servicing:

Serviving Representative						
4	5	6	7			
Contact Address §84.31(h)(1)(ix)	Contract City §84.31(h)(1)(ix)	Contact State §84.31(h)(1)(ix)	Contact Zip §84.31(h)(1)(ix)			

t is allocated application-specific allowances or the company receiving the contract for				

|--|

8	9	10	11	12
July	August	September	October	November

/ear.	
13	14
December	Total
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00

Chemical Name	[Common Name]			
CHF <sub>3</sub>	HFC-23	2	2	2
CH <sub>2</sub> F <sub>2</sub>	HFC-32	3	3	3
CH₃F	HFC-41	4	4	4
CF <sub>3</sub> CHFCHFCF <sub>2</sub> CF <sub>3</sub>	HFC-43-10mee	5	5	5
CHF <sub>2</sub> CF <sub>3</sub>	HFC-125	6	6	6
CHF <sub>2</sub> CHF <sub>2</sub>	HFC-134	7	7	7
CH <sub>2</sub> FCF <sub>3</sub>	HFC-134a	8	8	8
CH <sub>2</sub> FCHF <sub>2</sub>	HFC-143	9	9	9
CH <sub>3</sub> CF <sub>3</sub>	HFC-143a	10	10	10
CH <sub>2</sub> FCH <sub>2</sub> F	HFC-152	11	11	11
CH <sub>3</sub> CHF <sub>2</sub>	HFC-152a	12	12	12
CF <sub>3</sub> CHFCF <sub>3</sub>	HFC-227ea	13	13	13
CH <sub>2</sub> FCF <sub>2</sub> CF <sub>3</sub>	HFC-236cb	14	14	14
CHF <sub>2</sub> CHFCF <sub>3</sub>	HFC-236ea	15	15	15
CF <sub>3</sub> CH <sub>2</sub> CF <sub>3</sub>	HFC-236fa	16	16	16
CH <sub>2</sub> FCF <sub>2</sub> CHF <sub>2</sub>	HFC-245ca	17	17	17
CF <sub>3</sub> CH <sub>2</sub> CF <sub>3</sub>	HFC-245fa	18	18	18
CF <sub>3</sub> CH <sub>2</sub> CF <sub>2</sub> CH <sub>3</sub>	HFC-365mfc	19	19	19

[Option 1]
Yes
No

[Common_Name_1]	[Common_Name_2]	[Common_Name_5]	[CASRN]
HFC-23	HFC-23	HFC-23	75-46-7
HFC-32	HFC-32	HFC-32	75-10-5
HFC-41	HFC-41	HFC-41	593-53-3
HFC-43-10mee	HFC-43-10mee	HFC-43-10mee	138495-42-8
HFC-125	HFC-125	HFC-125	354-33-6
HFC-134	HFC-134	HFC-134	359-35-3
HFC-134a	HFC-134a	HFC-134a	811-97-2
HFC-143	HFC-143	HFC-143	430-66-0
HFC-143a	HFC-143a	HFC-143a	420-46-2
HFC-152	HFC-152	HFC-152	624-72-6
HFC-152a	HFC-152a	HFC-152a	75-37-6
HFC-227ea	HFC-227ea	HFC-227ea	431-89-0
HFC-236cb	HFC-236cb	HFC-236cb	677-56-5
HFC-236ea	HFC-236ea	HFC-236ea	431-63-0
HFC-236fa	HFC-236fa	HFC-236fa	690-39-1
HFC-245ca	HFC-245ca	HFC-245ca	1814-88-6
HFC-245fa	HFC-245fa	HFC-245fa	460-73-1
HFC-365mfc	HFC-365mfc	HFC-365mfc	406-58-6

[Period]	[Month]	[Year]
January 1 - June 30	January	2022
July 1 - December 31	February	2023
	March	2024
	April	2025
	May	2026
	June	2027
	July	2028
	August	2029
	September	2030
	October	·
	November	·
	December	

[State]
Alabama
Alaska
American Samoa
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Guam
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York North Carolina
North Carolina  North Dakota
Northern Mariana Islands
Ohio
Oklahoma
Oregon
Pennsylvania
Pueto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas

Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming
U.S. Virgin Islands