American Innovation and Manufacturing Act - HFC Inter-Compan

| Worksheet Instructions: | | | | |
|--|--|--|--|--|
| | | | | |
| Version: | | | | |
| r0.3 | | | | |
| Updated: | | | | |
| 9/23/2021 | | | | |
| External Links: | | | | |
| | | | | |
| Reporting Form Navigation: | | | | |
| Section 1 - Transferor Identification | | | | |
| Section 2 - Transferee Information | | | | |
| Section 3 - Transfer Request Information | | | | |

Section 1 - Transferor Identification

Instructions: Complete the following company information.

| Company Name: | |
|-------------------|--|
| AIMRS Company ID: | |
| Reporting Year: | |

Section 2 - Transferee Identification

Instructions: Complete the following company information.

| Transferee Company Name: | |
|------------------------------|--|
| AIMRS Transferee Company ID: | |

Section 3 - Transfer Request Information

Enter data for each transfer request. For all regulated substances that are transferred, all field transferee certifying that the transferee will use the application-specific allowances only for th

| 1 | 2 | 3 |
|--------------------|-------------------------------------|---|
| Transaction Number | Allowance Type §84.19(a)(2)(iii) | Type of Application (If Applicable) §84.19(a)(2)(iii) |
| 1 | | |
| 2 | | |
| 3 | | |

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 350 sponsor, and a person is not required to respond to, a collection of information unless it displays a cull Send comments on the Agency's need this formation, the accuracy of the provided burden estimates Support Division, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Was

EPA Form # 5900-537

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

| y Transfers Report | У | 7 | Tr | an | ısf | er | 's I | Re | p | 0 | rt |
|--------------------|---|---|----|----|-----|----|------|----|---|---|----|
|--------------------|---|---|----|----|-----|----|------|----|---|---|----|

Is are required unless otherwise indicated. For transfers of application-specific allowances, additionally provide same application for which the application-specific allowance was allocated (§84.19(a)(2)(viii)).

| Transaction Data | | | |
|--|---|--|--|
| 4 | 5 | 6 | 7 |
| Quantity of Unexpended Allowances Held by Transferor (MTEVe) §84.19(a)(2)(vi) | Total Cost of Allowances Transferred (USD) §84.19(a)(2)(v) | Quantity of Allowances Being Transferred (MTEVe) §84.19(a)(2)(iv) | Amount of Offset (MTEVe) §84.19(a)(2)(vii) |
| | | | |
| | | | |
| | | | |

11 et seq. (OMB Control No. 2060-XXXX). Responses to this collection of information are mandatory (40 CFR 84.19). A rrently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is est and any suggested methods for minimizing respondent burden including through the use of automated collection techn hington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this a

le a signed document from the

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Number of Allowances Subtracted from Transferor's Allowance Balance (MTEVe)

in agency may not conduct or timated to be 6 hours per response. iques to the Director, Regulatory address.

| [Allowance] |
|----------------------|
| Production |
| Consumption |
| Application-Specific |

| [Application-Specific Allowance] | |
|---|---|
| Propellants in Metered-dose Inhalers | |
| Defense Spray | |
| Structural Composite Preformed Polyurethane Foam | |
| (Marine and Trailer Use) | |
| Etching of Semiconductor Material or Waters and the | _ |
| Cleaning of Chemical Vapor Desposition (CVD) | |
| Chambers within the Semiconductor Manufafturing | |
| Sector | |
| On-board Aerospace Fire Suppression | |
| · | _ |

| [Year] | |
|--------|--|
| 2022 | |
| 2023 | |
| 2024 | |
| 2025 | |
| 2026 | |
| 2027 | |
| 2028 | |
| 2029 | |
| 2030 | |
| | |