

Petition to Import for Destruction: [REDACTED]

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Importer Information

Destruction Information

Shipment Information

Import Summary

Optional Uploads

Importer 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"/>	* Importer Number	<input type="text"/>
* Contact First Name	<input type="text"/>	* Source Country	<input type="text"/>
* Contact Last Name	<input type="text"/>	* Vessel Name	<input type="text"/>
* Email	<input type="text"/>	* Expected Year of Import	<input type="text"/>
* Phone	<input type="text"/>	Expected Month of Import	<input type="text"/>
* Street Address 1	<input type="text"/>	* Intended Port Of Entry	<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"/>		

Consignee Information

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"/>

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EPA Form # 5900-557

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Destruction Information

Identify the facility that will receive and destroy the controlled substance(s).

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"/>	+ ×

Will the CFC be aggregated by another party before it is sent to the destruction facility? Yes No

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"/>	+ ×

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Shipment Information

Enter the chemical, quantity, and shipment importer number for each controlled substance to be imported in the table below.

Row	Chemical	Quantity of Chemical Recovered (kg)	Shipment Importer Number	Action
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ ×

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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

* Please provide an Exporter license/application for license.

Row	Document Name	Size (bytes)	Action

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Optional Uploads

Optional Uploads

Upload any additional documents/resources, as needed. 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

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