

CBI UNSANITIZED DATA ELEMENT FORM

The annual public reporting and recordkeeping burden for this collection of information for those sources that claim CBI is estimated to average **9.5** hours per claim. This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2050-0144). Responses to this collection of information are mandatory (40 CFR 370.40 to 370.42). 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. Form completion and mailing instructions can be found at <https://www.epa.gov/rmp/rmpsubmit-users-manual>. Send comments on the Agency's need for this information, 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, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 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.

Expiration Date **XX/XX/XXXX**

OMB Control Number: 2050-0144

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If you are claiming Confidential Business Information (CBI) in your RMP, you must submit in paper form both the information being claimed CBI and a substantiation for your claim at the time you submit your redacted or "sanitized" RMP. This form should be used to submit the confidential information. The redacted RMP will be made available to the public in RMP*Info.

If you need additional space, make a copy of page 2 of this form.

Part I. Facility Identification Information

The information given here should correspond to the information that you filled out in the registration section of your RMP. If you have an EPA Facility ID#, please include this information. You will have received the number after your first submission.

a. Facility Name:		
b. EPA Facility ID # (if assigned): <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="text"/> <input type="text"/>		
c. Facility Location Address:		
d. City, State and Zip Code:		
e. Dun and Bradstreet Number:		
Part II - Information claimed as CBI Please list the data element number(s) from the RMP form (paper form or electronic form), the name(s) of the element(s) you are claiming CBI, and the actual CBI data.		
Data Element Number	Name of Data Element	RMP Data Claimed as CBI

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