**RFS Independent Third-Party List of Potentially Invalid RINs and Potentially Improperly Produced Biointermediates (RFS2300): Instructions for Completing**

**Who must report**

* All independent third-party auditors that verify RINs as of September 16, 2014.

**Reporting requirements**

* 40 CFR 80.1451(g)(2) sets forth the additional reporting requirements (available at: <http://www.ecfr.gov/cgi-bin/text-idx?SID=354294fee688f6d54979e2638c0decf5&node=se40.17.80_11451&rgn=div8>).
* Provide the identifying information for any RIN batches that the Independent Third Party Auditor has identified as Potentially Invalid RINs (PIR) or Potentially Improperly Produced Biointermediate pursuant to 80.1474.
* **Required fields and NA values** – Certain report fields or parameters may be specific to select product types. If a report field does not apply to the reported batch, enter the value “NA”. Do not leave the field blank.

**Reporting deadlines**

* Independent third-party auditors shall report on a quarterly basis:

|  |  |  |
| --- | --- | --- |
| Production Calendar Quarter | Time Period Covered | Quarterly Report Deadline |
| Quarter 1 | January 1 – March 31 | June 1 |
| Quarter 2 | April 1 – June 30 | September 1 |
| Quarter 3 | July 1 – September 30 | December 1 |
| Quarter 4 | October 1 – December 31 | March 31 |

**How to submit reports**

* EPA maintains report templates, electronic submission procedures and additional support options at <https://www.epa.gov/fuels-registration-reporting-and-compliance-help/reporting-fuel-programs>

**Field Instructions**

| Field No. | Field Name | Units | Field Formats, Codes & Special Instructions |
| --- | --- | --- | --- |
| 1 | Report Form ID |  | **AAAAAA**; *Character*.  Enter **RFS2300** |
| 2 | Report Type |  | **A**; *Character*. Specify if the data submitted in this report is original or if it is being resubmitted. Submit only one original report; any corrections or updates should be marked as a resubmission.  **O** = Original  **R** = Resubmission |
| 3 | CBI |  | **A**; *Character*. Specify if the data contained within the report is claimed as Confidential Business Information (CBI) under 40 CFR Part 2, subpart B:  **Y** = Confidential Business Information  **N** = Non-Confidential Business Information |
| 4 | Report Date |  | **MM/DD/YYYY**; *Character*. Enter the date the original or resubmitted report is created. |
| 5 | Compliance Period Year |  | **YYYY**; *Character*. Enter the averaging/compliance year the report covers. |
| 6 | Compliance Period Quarter |  | **AA;** *Character.* Enter the quarter under the compliance year this report covers:  **Q1:** Quarter 1 (January – March)  **Q2:** Quarter 2 (April – June)  **Q3:** Quarter 3 (July – September)  **Q4:** Quarter 4 (October – December) |
| 7 | Independent Third-Party Auditor Company ID |  | **AAAA**; *Character*. Enter the EPA assigned four-character ID for the independent third-party auditor. |
| 8 | Independent Third-Party Auditor Company Name |  | **AAAA…;** *Character*. Enter the registered name of the independent third-party auditor. |
| 9 | Audited Producer Company Name |  | **AAAA…;** *Character*. Enter the registered name of the renewable fuel, biointermediate producer, renewable electricity RIN generator, biogas producer, renewable electricity generator audited under an approved QAP under 80.1469. |
| 10 | Audited Producer Company ID |  | **AAAA.** *Character*. Enter the four digit company ID of the renewable fuel, biointermediate producer, renewable electricity RIN generator, biogas producer, or renewable electricity generator audited under an approved QAP under 80.1469. |
| 11 | Audited Producer Facility ID |  | **AAAAA.** *Character*. Enter the five digit facility ID or reporting ID of the renewable fuel, biointermediate producer, renewable electricity RIN generator, biogas producer, or renewable electricity generator facility audited under an approved QAP under 80.1469. |
| 12 | RIN Year |  | **YYYY.** *Character.* Enter the RIN Year representing the vintage of the batch identified as potentially invalid. |
| 13 | Batch ID of the potentially invalid bath |  | **AAAAAA.** *Character.* Enter the six digit character ID representing the batch identified as potentially invalid. |
| 14 | Potentially Invalid RIN Code |  | **AAA.** *Character.*Enter the three digit character code representing the reason the batch was identified as potentially invalid.  **DUP:** A duplicate of a valid RIN  **VOL:** Incorrect volumes or not standardized to 60˚ F  **IEV:** Incorrect equivalence value  **DEF:** Does not represent renewable fuel (§80.1401)  **DCD:** Assigned an incorrect “D” code  **PIB:** Potentially invalid biointermediate  **IRE:** Invalid renewable electricity  **IBG:** Invalid biogas  **OTH:** Other improper generation |
| 15 | Description why RIN batch was identified as potentially invalid or biointermediate batch was identified as potentially improperly produced |  | **AAAA….** *Character (1000 character max).* Provide a description as to why the RIN batch has been identified by the independent third-party auditor as potentially invalid or why the biointermediate has been identified by the independent third-party auditor as potentially improperly produced. |

Paperwork Reduction Act Statement

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2060-####). Responses to this collection of information are mandatory (40 CFR part 80, subpart M. 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. The public reporting and recordkeeping burden for this collection of information is estimated to be less than one hour per response. 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 to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 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.