

American Innovation and Manufacturing Act - HFC Ap

Worksheet Instructions:

Complete and submit an HFC Application-Specific Allowance Holder Biannual Report (application-specific allowances for mission-critical military end uses). Sections 1 and 2 are required if you are reporting on HFCs that were conferred and/or material was received during the reporting period. Sections 4-9 should be completed if you are reporting on HFCs that were conferred during the reporting period. Section 5 is required if your company is requesting additional allowances due to one or more of the circumstances listed in §84.13(b)(1). Sections 7-8 are required if you are requesting application-specific allowance for the first time.

Version:

r0.6

Updated:

X/X/2023

External Links:

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EPA may request additional information or ask follow up questions to verify the information reported in the HFC Application-Specific Allowance Holder Biannual Report (HFC ASAR) as authorized under the AIM Act.

Section 1 - Company Identification

Instructions: Complete the following company information.

Company Name:	
Company ID:	
Reporting Year:	
Reporting Period:	

Were allowances conferred or were HFCs received from a company to which allowances were conferred during the reporting period?

Is your company requesting additional allowances due to one or more of the circumstances listed in §84.13(b)(1)?

Does the company contract out the manufacturing of defense sprays or metered dose inhalers, or pay another person to perform the servicing of onboard aerospace fire suppression?

Is your company requesting application-specific allowances for the first time?

Section 2 - Application-Specific Data

Instructions: Enter the quantity of each regulated substance that was acquired during the reporting period.

months. Additionally, provide the quantity held in inventory on the last day of records documenting the quantity of material acquired held in inventory, if ap

1	2
HFC	Quantity Acquired through Conferring Allowances (kg) §84.31(h)(1)(i)
1	
2	
3	
4	

Section 3 - Allowance Conferral Data

Instructions: Provide the names of the companies to which application-specifi

1	2
Company to Which Allowances Were Conferred	Company Contact Name
1	
2	
3	
4	
5	

This collection of information is approved by OMB under the Paperwork Reduction Act. It is not required to respond to, a collection of information unless it displays a currently need for this information, the accuracy of the provided burden estimates and any su Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460.

Application-Specific Allowance Holder Biannual Report

Report if your company was allocated application-specific allowances (excluding recipients of Section 2). Section 2 must be completed prior to submission. Section 3 must be completed if allowances were only be completed when submitting data for the January 1 – June 30 reporting period. Section 4 or more of the circumstances listed in 84.13(b)(1). Section 6 is required if your company employs another person to perform the servicing of onboard aerospace fire suppression. Section 8 is required. Section 9 is optional.

[Section 2](#)

[Section 3](#)

[Section 4](#)

certify the accuracy of this submission and supporting documentation, including pursuant to 48 CFR 101-11.6

1) through conferring allowances, directly imported, or purchased without expending any

HFC Application-Specific Data	
3	4
Quantity of HFCs Your Company Imported Expending Your Allowances (kg) §84.31(h)(1)(ii)	Quantity of HFCs Purchased for Application-Specific Use without Expending or Conferring Your Allowances (kg) §84.31(h)(1)(iii)

ic allowances were conferred during the reporting year as well as the quantity of regula

3	4
Company Contact Email	Company Contact Phone

act, 44 U.S.C. 3501 et seq. (OMB Control No. 2060-0734). Responses to this collection of info
 valid OMB control number. The public reporting and recordkeeping burden for this collection
 ggested methods for minimizing respondent burden including through the use of automated c
 Include the OMB control number in any correspondence. Do not send the completed form to

application-specific allowances (i.e., from the open market) during the previous six

5	6	7
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)	Quantity Recycled (kg) §84.31(h)(1)(v)

ated substances received from each company during the past six months.

HFC Allowance Conferral Data §84.31(h)(1)(vi)			
5	6a	6b	7a
Quantity of Allowances Conferred (MTEVe)	HFC (1) Received	Quantity of HFC (1) Received (kg)	HFC (2) Received

ormation are mandatory (40 CFR 84.31). An agency may not conduct or sponsor, and a person of information is estimated to be 12 hours per response. Send comments on the Agency's ollection techniques to the Director, Regulatory Support Division, U.S. Environmental this address.

7b	8a	8b	9a	9b
Quantity of HFC (2) Received (kg)	HFC (3) Received	Quantity of HFC (3) Received (kg)	HFC (4) Received	Quantity of HFC (4) Received (kg)

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Worksheet Instructions:

Complete and submit an HFC Application-Specific Allowance Holder Biannual Report (for application-specific allowances for mission-critical military end uses). Sections 1 and 2 must be completed if material was received during the reporting period. Sections 4-7 should only be completed if your company is requesting additional allowances due to one or more of the circumstances listed below: you are requesting allowances for defense sprays or metered dose inhalers, or pays another person to perform the reporting for you in your 2022 report or if you are requesting application-specific allowance for the first time.

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X/X/2023

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Section 4 - Transition Plan

Instructions: Provide a description of plans to transition application-specific allowances to regulated substances. §84.31(h)(1)(vii)

Section 5 - Unique Circumstances

Instructions: If the company is requesting allowances in addition to what they are entitled to, provide a description of the **circumstances under which you are requesting those additional allowances:**

Demonstrated manufacturing capacity coming on line:

The acquisition of another domestic manufacturer or its manufacturing facility or facilities:

A global pandemic or other public health emergency that increases patients diagnosed with medical conditions treated by metered dose inhalers:

Provide a projection of the monthly quantity of additional regulated subst

	1	2
	HFC	January (kg)
1		
2		
3		
4		

Provide a detailed explanation to justify the additional need for each applic

Have you provided documentation along with this report that supports this your unique circumstance(s)? Supporting documentation includes informa be verified, such as copies of permits or other documentation to clarify wh facility is opening, agency approvals for new products or product modifica sales numbers to document growth in MDI sales resulting from a public he

Section 6 - Contracting Information

Instructions: If the company is contracting out the manufacturing of defens perform the servicing of onboard aerospace fire suppression, complete the

	1	2
	Company Name	Contact Name
1		
2		
3		
4		
5		
6		

Provide clarification on whether the responses in this report apply to the use of allowances for manufacturing and/or servicing using application-specific allowances. §

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Section 7 - Quantity Acquired in Previous Three Years

Instructions: For persons requesting application-specific allowances for the previous three years. Provide a copy of the sales records, invoices, or other records of sales or invoices. §84.31(h)(2)(ii)

Year	Reporting Period
HFC	July 1 - December 31
1	
2	
3	
4	

Section 8 - Application Information

Instructions: If you are requesting application-specific allowances for the first time, provide an explanation of how the use is an application-specific use listed in §84.13(a)

Application	Description

Section 9 - Total Quantity Requested for the Next Calendar Year

Instructions: Provide an estimate of the total quantity of allowances you are requesting and can verify you are eligible for that amount.

Total Quantity Requested for the Next Calendar Year	
1	2
HFC	Quantity Requested (kg)
1	
2	

3		
4		
Total		

Application-Specific Allowance Holder Biannual Report

Report if your company was allocated application-specific allowances (excluding recipients of application-specific allowances) for the reporting period. Section 3 must be completed if allowances were conferred and/or received during the reporting period. Section 5 is required if you are a recipient of allowances under the circumstances listed in 84.13(b)(1). Section 6 is required if your company contracts out the manufacturing or servicing of onboard aerospace fire suppression. Section 7 is required when completing your July report.

[Act Burden](#)

[Section](#)

[1 Previous Three Years](#)

[Section](#)

[Requested for the Next Calendar Year \(Optional\)](#)

Specific use of regulated substances to regulated substances with a lower

The Agency will calculate based on data provided in Section 2 and Section 7, **specify the unique identifiers. §84.13(b)(1)**



nces needed for application-specific uses due to the unique circumstance(s) specified above by I

Additional Quantity Needed for Application-S §84.31(h)(
3	4	5	6
February (kg)	March (kg)	April (kg)	May (kg)

able unique circumstance. §84.31(h)(1)(viii)



additional need due to tion in a format that can en the new line or tions, and more recent alth emergency.	
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se sprays or metered dose inhalers, or paying another person (whether it is in cash, credit, goods
: following information for the contact doing to manufacturing or servicing.

Manufacturing/Serviceing Representative §84.31(h)(1)(ix)			
3	4	5	6
Contact Email	Contact Street Address	Contact City	Contact State

company that is allocated application-specific allowances or the company receiving the contract
 §84.31(h)(1)(ix)

For the first time, provide the total quantity of all regulated substances acquired for application-specific uses, documenting that quantity. Make sure to specify the HFC weight per cylinder or unit if not included.

January 1 - June 30	July 1 - December 31	January 1 - June 30	July 1 - December 31
Quantity Acquired (kg)			

For the first time, please provide a description of the use of regulated substances and a detailed description of the application.
 §84.31(h)(2)(i)

Year (Optional)

For the first time, please provide the number of units requested for the next calendar year. Note that EPA will allocate to the requested level if we do not receive a response.

3
Quantity Requested (MTEVe)

0.00

month in the next calendar year.

Specific Use Due to Unique Circumstances 1)(viii)			
7	8	9	10
June (kg)	July (kg)	August (kg)	September (kg)

, or services) to

7
Contact Zip

**c use in the previous
led in the sales**

January 1 - June 30

11	12	13	14
October (kg)	November (kg)	December (kg)	Total (kg)