

 <p><b>U.S. Environmental Protection Agency</b>  <b>STRATOSPHERIC OZONE PROTECTION PROGRAM</b></p>	<p><b>CLASS I CONTROLLED SUBSTANCE</b>  <b>METHYL BROMIDE</b>  <b>CERTIFICATION OF PURCHASE OF CRITICAL USE METHYL BROMIDE (40 CFR 82.13)</b></p>
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**SECTION 1 PURCHASER IDENTIFICATION**

<b>1.1 Date of Submission</b>		
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<b>1.2 Total Quantity of New Production Pre-Plant Critical Use Methyl Bromide Purchased (kg)</b>	
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<b>1.3 Total Quantity of New Production Post Harvest Critical Use Methyl Bromide Purchased (kg)</b>	
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**1.4 Company Information**

Company Name
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Street Address
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City	State	Zip Code
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**1.5 Company Contact Identification**

Reporting Company Contact Person
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E-mail Address
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Phone Number	Fax Number
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*Approved critical use(s)* are those uses of methyl bromide listed in Appendix L to Subpart A of 40 CFR Part 82. See [www.epa.gov/ozone/mbr/cueuses.html](http://www.epa.gov/ozone/mbr/cueuses.html).

**1.6 Signature of Reporting Company Representative**

*I certify, under penalty of law, that the quantities of methyl bromide specified in Section 1.2 and 1.3 of this form, are ordered/purchased and will be sold or used exclusively for an approved critical use (pre-plant or post-harvest) as identified, and not sold/ transferred to another person. I certify that I am an approved critical user and I will use this quantity of methyl bromide for an approved critical use. My action conforms to the requirements associated with the critical use exemption published in 40 CFR part 82. I am aware that any agricultural commodity within a treatment chamber, facility or field I fumigate with critical use methyl bromide cannot subsequently or concurrently be fumigated with non-critical use methyl bromide during the same control period, excepting a QPS treatment or treatment for a different use (e.g., a different crop or commodity). I will not use this quantity of methyl bromide for a treatment chamber, facility, or field that I previously fumigated with non-critical use methyl bromide during the same control period, excepting a QPS treatment or treatments for a different use (e.g., a different crop or commodity), unless a local township limit now prevents me from using methyl bromide alternatives or I have now become an approved critical user as a result of rulemaking.*

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Name	
Title	
Signature	Date

<b>SEND COMPLETED FORMS TO:</b>	<b>The Company From Whom the Critical Use Methyl Bromide Is Being Purchased</b>
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