

## Petition to Import for Destruction: [REDACTED]

OMB Control Number: 2060-0170 and 2060-0734  
Expiration Date: 4/16/2023 and 12/31/2024

Step 1

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Step 5

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
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"/>	<input type="text"/>	<input type="text"/>

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EPA Form # 5900-473



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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									United States		+ ×

#### HFC

Will the controlled substance 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									United States		+ ×

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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	Halon 1202			+ ×

This field is required.

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### Import Summary

Review the information below for accuracy. The total quantity must be less than or equal to the export license amount.

Row	Chemical	Commodity/HTS Codes	Total Quantity (kg)	Export License Amount (kg)	Quantity Not Listed on Export License
1	HCFC-123	2903.72.0100 - Dichlorotrifluoroethanes (HCFC-123)	55		<input type="checkbox"/>

Please provide an Exporter license/application for license.

Row	Document Name	Size (bytes)	Action
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Add document

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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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