

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
- * Contact First Name
- * Contact Last Name
- * Email
- * Phone
- * Street Address 1
- Street Address 2
- * City
- * State
- * Country
- Postal Code
- * Importer Number
- * Source Country
- * Vessel Name
- * Expected Year of Import
- Expected Month of Import
- * Intended Port Of Entry

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

[Continue](#)
Next Page: Destruction Information

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 4301 et seq. (OMB Control No. 2060-0170 and OMB Control No. 2060-0734). Responses to this collection of information are mandatory (40 CFR 82.13, 82.24, and 84.25). 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 1 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 including through the use of automated collection techniques to the Director, Regulatory Support Division, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., N.W. Washington D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.
EPA Form # 5900-473



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	Step 2	Step 3	Step 4	Step 5
Importer Information	Destruction Information	Shipment Information	Import Summary	Optional Uploads

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	United States	<input type="text"/>	<input type="button" value="+"/> <input type="button" value="x"/>

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	United States	<input type="text"/>	<input type="button" value="+"/> <input type="button" value="x"/>

Next Page: Shipment Information



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	Step 2	Step 3	Step 4	Step 5
Importer Information	Destruction Information	Shipment Information	Import Summary	Optional Uploads

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	<input type="text"/>	<input type="text"/>	<input type="button" value="+"/> <input type="button" value="x"/>

* This field is required.

Next Page: Import Summary



Petition to Import for Destruction: [Redacted]

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Step 1	Step 2	Step 3	Step 4	Step 5
Importer Information	Destruction Information	Shipment Information	Import Summary	Optional Uploads

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

* Please provide an Exporter license/application for license.

Row	Document Name	Size (bytes)	Action
<input type="button" value="Add document"/>			

Next Page: Uploads

Petition to Import for Destruction: [REDACTED]

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

Step 1	Step 2	Step 3	Step 4	Step 5
Importer Information	Destruction Information	Shipment Information	Import Summary	Optional Uploads

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

Previous

Submit