OMB Control Number: 2060-0498 Expiration Date: 4/30/2016

EPA U.S. Environmental Protection Agency STRATOSPHERIC OZONE PROTECTION PROGRAM

CLASS II CONTROLLED SUBSTANCE

REQUEST FOR ADDITIONAL CLASS II CONSUMPTION ALLOWANCES (Sec 82.20)

SECTION 1 EXPORTING COMPANY IDENTIFICATION					
1.1 Date of Submission	1.2 Number	1.2 Number of Transactions Reported			
1.3 Number of Pages Submitted	1.4 🗌 Ori	1.4			
NOTE: ATTACH ALL BILLS OF LADING AND IN	VOICES SHOWING NE	T QUANTITY SHIPPED AN	ND DOCUMENTING THE SALE		
1.5 Exporting Company					
Company Name					
Street Address					
City		State	Zip Code		
Exporter EIN from Customs Form 7525					
1.6 Company Contact Identification					
Reporting Company Contact Person					
E-mail Address					
Phone Number					
1.7 Signature of Reporting Company Representative					
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		Da	te		
SEND COMPLETED FORMS TO:	or U.S. Postal Servi	ce: For	Private Courier:		
S C M 1	J.S. EPA Stratospheric Protection Office of Atmospheric Mail Code: 6205T 200 Pennsylvania Av Vashington, DC 2046	on Division Trace Programs Stra Willi venue, N.W. 120	EPA king System Program Manager tospheric Protection Division am Clinton East Building, Room 1340 1 Constitution Avenue, N.W.		

Information in reports submitted in compliance with the final rule may be claimed as confidential. A company may assert a claim of confidentiality for information submitted by clearly marking that information as confidential. Such information shall be treated in accordance with EPA's procedures for information claimed as confidential at 40 CFR Part 2, Subpart B, and will only be disclosed by the means set forth in the subpart. If no claim of confidentiality accompanies the report when it is received by EPA, it may be made public without further notice to the company (40 CFR 2.203).

The public reporting and recordkeeping burden for this collection of information is estimated to average 4.5 hours 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, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 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.

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SECTION 2 TRANS	SACTION RECORDS	(Reproduce Additional Sheets as Needed)
2.1 Company Name		
2.2 Transaction Summa	ries	

TRANSACTION #			ŧ			
Recipient Company Name						
Street Address						
City		Country			Postal Code	
Company Contact Person	1	Phone Number			Fax Number	
Port of Export from the U.S.			Date of Export (mm/dd/yy)			
HCFC Exported			Quantity of HCFC Exported (kg)			
If Produced in the U.S.:	Company that produced the HCFC (expending production and consumption allowances):					
If Imported: Company that imported HCFC (expending consumption allowances), AND country imported from:						
Date Purchased (Complete if the company that exported the HCFC is not the same company that produced the HCFC):						
	•					

TRANSACTION #			ŧ				
Recipient Company Name							
Street Address							
City		Country					Postal Code
Company Contac	ct Person	erson Phor			ne Number		Fax Number
Port of Export from the U.S.			Date of Export (Date of Export (mm/dd/yy)			
HCFC Exported			Quantity of HCFC Exported (kg)				
If Produced in the	e U.S.:	Company that produced the HCFC (expending production and consumption allowances):					
If Imported: Company that imported HCFC (expending consumption allowances), AND country imported from:							
Date Purchased (Complete if the company that exported the HCFC is not the same company that produced the HCFC):							

	TRANSAC	TION #			
Recipient Company Name	Recipient Company Name				
Street Address	Street Address				
City	Co	ountry		Postal Code	
Company Contact Person	Company Contact Person Phon			Fax Number	
Port of Export from the U.S.			Date of Export (mm/dd/yy)		
HCFC Exported			Quantity of HCFC Exported (kg)		
If Produced in the U.S.:	Company that produced the HCFC (expending production and consumption allowances):				
If Imported: Company that imported HCFC (expending consumption allowances), AND country imported from:					
Date Purchased (Complete if the company that exported the HCFC is not the same company that produced the HCFC):					

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SECTION 3 COMPANY EXPORT TOTALS

3.1 Company Name					
3.2 Company Request Summary					
	A	В			
	nical Name nodity Code)	Total Consumption Allowances Requested (kg)			
HCFC-22 (2903.71.0000)					
HCFC-142b (2903.74.0000)					
HCFC-123 (2903.72.0020)					
HCFC-124 (2903.79.9030)					
HCFC-225ca (2903.75.0000)					
HCFC-225cb (2903.75.0000)					

Please note: This form must be accompanied by a written statement from the producer that the class II controlled substances were produced with expended allowances or a written statement from the importer that the class II controlled substances were imported with expended allowances.

EPA Form # 5900-201, Revised 5/2015