

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

CLASS I CONTROLLED SUBSTANCE  
 NOTIFICATION OF TRANSFERS OF ARTICLE 5  
 ALLOWANCES, ESSENTIAL-USE ALLOWANCES, OR  
 ESSENTIAL-USE CFCS  
 (Sec 82.12)

**SECTION 1 TRANSFEROR/TRANSFeree IDENTIFICATION**

<b>1.1 Date of Submission</b>		<b>1.2</b> <input type="checkbox"/> Original Submittal <input type="checkbox"/> Re-submittal
<b>1.3 Number of Transactions Reported</b>		<b>1.4 Number of Pages Submitted</b>

**1.5 Company Information**

Company Type (Select only one)  Transferor (for Transfers of Article 5 or Essential-Use Allowances)  
 Transferee (for Transfers of Essential-Use CFCs)

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City _____	State _____	Zip Code _____
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**1.6 Company Contact Identification**

Reporting Company Contact Person _____	Phone Number _____	Fax Number _____
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E-mail Address \_\_\_\_\_

**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 \_\_\_\_\_ Date \_\_\_\_\_

<b>SEND COMPLETED FORMS TO:</b>	<b>For U.S. Postal Service:</b> U.S. EPA Stratospheric Protection Division Office of Atmospheric Programs Mail Code: 6205T 1200 Pennsylvania Avenue, N.W. Washington, DC 20460	<b>For Private Courier:</b> U.S. EPA Tracking System Program Manager Stratospheric Protection Division William Clinton East Building, Room 1340 1201 Constitution Avenue, N.W. Washington, DC 20004
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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 2.4 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.A TRANSACTION RECORD FOR TRANSFERS OF ARTICLE 5 (A5) ALLOWANCES  
 OR ESSENTIAL-USE ALLOWANCES**  
 (Reproduce additional sheets as needed)

<b>TRANSACTION #</b>			
<b>2.1 Transferee Identification</b>			
Transferee Company Name		Transferee Contact Person	
Street Address			
City		State	Zip Code
Phone Number		Fax Number	
E-mail Address			
Are Article 5 allowances or essential-use allowances being transferred? <input type="checkbox"/> Article 5 <input type="checkbox"/> Essential Use			
<b>2.2 Control Period for which Allowances Are Being Transferred (select only one)</b>		<input type="checkbox"/> Current Year Allowances <input type="checkbox"/> Baseline Year Allowances	
<b>2.3 Chemical Transferring From</b>		<b>2.4 ODP</b>	
<b>2.5 Amount of Allowances of Chemical in Section 2.3 Being Transferred (kg)</b>			
<b>2.6 Calculated Level of Chemical in Section 2.3 Being Transferred (Section 2.4 x Section 2.5)</b>			
<b>2.7 Chemical Transferring To</b>		<b>2.8 ODP</b>	
<b>2.9 Amount of Offset (0.01 x Section 2.5) (kg)</b>			
<b>2.10 Amount of Allowances Subtracted from Transferor's Balance of Chemical Being Transferred (Section 2.5 + Section 2.9) (kg)</b>			
<b>2.11 Amount of Allowances of Chemical in Section 2.7 Being Received (Section 2.6 ÷ Section 2.8) (kg)</b>			
<b>2.12 For Essential-Use Allowance transfers, have you included signed documentation from the transferee identifying the CFC MDI products that will be produced using the Essential-Use Allowances (per Sec 82.12)?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

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**SECTION 2.B TRANSACTION RECORD FOR TRANSFERS OF ESSENTIAL-USE CFCS**  
 (Reproduce additional sheets as needed)

TRANSACTION #

**2.1 Transferor Identification**

Transferor Company Name

Transferor Contact Person

Street Address

City

State

Zip Code

Phone Number

Fax Number

E-mail Address

**2.2 Essential-Use CFC being transferred (select only one)**

CFC-11

CFC-12

CFC-114

**2.3 Amount of Essential-Use CFC in Section 2.2 being transferred (kg)**

**2.4 The specific Metered Dose Inhaler (MDI) products (i.e. the MDI drug product or active moiety) that the Transferee plans to produce with the transferred CFCs**

**2.5 The country(ies) where the CFC MDIs produced with the transferred Essential-Use CFCs will be sold if other than in the United States**

**2.6 Have you provided certification that the Essential-Use CFCs will be used in the production of essential MDIs (per Sec 82.12)?**

Yes  No

**2.7 Have you submitted a letter by the transferor stating that it concurs with the terms of the transfer stated in your request (per Sec 82.12)?**

Yes  No

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**SECTION 3 UNEXPENDED BALANCE SUMMARY**

**3.1 Balance of Unexpended Allowances Prior to Transfers Reported**

A	B	C
Chemical Name	Balance of Unexpended Article 5 Allowances	Balance of Unexpended Essential-Use Allowances for CFC use in Essential MDIs
CFC-11		
CFC-12		
CFC-13		
CFC-111		
CFC-112		
CFC-113		
CFC-114		
CFC-115		
Other CFCs (please specify)		