

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

CLASS II CONTROLLED SUBSTANCE
 EXPORTER QUARTERLY REPORT
 (Sec 82.24)

SECTION 1 EXPORTING COMPANY IDENTIFICATION

1.1 Date of Submission		1.2 Number of Transactions Reported	
1.3 Number of Pages Submitted		1.4 <input type="checkbox"/> Original Submittal <input type="checkbox"/> Re-submittal	
1.5 Quarter and Year to Which This Report Applies:	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th Year _____

1.6 Exporting Company

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Exporter EIN from Customs Form 7525: _____

1.7 Company Contact Identification

Reporting Company Contact Person _____ Phone Number _____ Fax Number _____

E-mail Address _____

1.8 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 _____

SEND COMPLETED FORMS TO:	For U.S. Postal Service: Tracking System Program Manager Stratospheric Protection Division U.S. EPA (6205J) 1200 Pennsylvania Avenue, NW Washington, DC 20460	For Private Courier: Tracking System Program Manager Stratospheric Protection Division U.S. EPA (6205J) 1310 L Street, NW, 10 th Floor Washington, DC 20005
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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 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 TRANSACTION RECORDS
 (Reproduce additional sheets as needed)

2.1 Company Name

2.2 Transaction Summaries

TRANSACTION #			
Recipient Company Name		Street Address	
City	Country	Postal Code	<input type="checkbox"/> Article 5 Country
Company Contact Person		Phone Number	Fax Number
Quantity of Commodity Exported (kg)		If Export <i>is not</i> a Blend: HCFC: Quantity (kg):	
If Export <i>is</i> a Blend: Name of Blend		Quantity (kg)	
HCFC in Blend: Quantity (kg):	HCFC in Blend: Quantity (kg):	HCFC in Blend: Quantity (kg):	
Date of Export (mm/dd/yy)	Port of Export from the U.S.		
Select One: <input type="checkbox"/> New <input type="checkbox"/> Used			
Select One: <input type="checkbox"/> Transformation <input type="checkbox"/> Destruction <input type="checkbox"/> Produced with Article 5 Allowances <input type="checkbox"/> Produced with Production and Consumption Allowances <input type="checkbox"/> If none apply, check here			
Exporting Vessel on which export was shipped: (Complete if Article 5 allowances is selected above)			

TRANSACTION #			
Recipient Company Name		Street Address	
City	Country	Postal Code	<input type="checkbox"/> Article 5 Country
Company Contact Person		Phone Number	Fax Number
Quantity of Commodity Exported (kg)		If Export <i>is not</i> a Blend: HCFC: Quantity (kg):	
If Export <i>is</i> a Blend: Name of Blend		Quantity (kg)	
HCFC in Blend: Quantity (kg):	HCFC in Blend: Quantity (kg):	HCFC in Blend: Quantity (kg):	
Date of Export (mm/dd/yy)	Port of Export from the U.S.		
Select One: <input type="checkbox"/> New <input type="checkbox"/> Used			
Select One: <input type="checkbox"/> Transformation <input type="checkbox"/> Destruction <input type="checkbox"/> Produced with Article 5 Allowances <input type="checkbox"/> Produced with Production and Consumption Allowances <input type="checkbox"/> If none apply, check here			
Exporting Vessel on which export was shipped: (Complete if Article 5 allowances is selected above)			

