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

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

#### CLASS II CONTROLLED SUBSTANCE

# TRANSFERS OF PRODUCTION ALLOWANCES, CONSUMPTION ALLOWANCES, OR ARTICLE 5 ALLOWANCES (Sec 82.23)

| SECTION 1 TRANSFEROR IDENTIFICATION  |                                |                        |   |                           |  |  |  |  |
|--|--------------------------------|------------------------|---|---------------------------|--|--|--|--|
| 1.1 Date of Submission 1.2 Numb  |                                | Number of Transactions | nber of Transactions Reported   |                           |  |  |  |  |
| 1.3 Number of Pages Submitted  | ber of Pages Submitted 1.4 🔲 O |                        | ginal Submittal   |                           |  |  |  |  |
| 1.5 Company Information  |                                |                        |   |                           |  |  |  |  |
| Company Name   |                                |                        |   |                           |  |  |  |  |
| Street Address   |                                |                        |   |                           |  |  |  |  |
| City   | State                          | Zip Code               | Zip Code  |                           |  |  |  |  |
| 1.6 Company Contact Identification   |                                |                        |   |                           |  |  |  |  |
| Reporting Company Contact Person   |                                |                        |   |                           |  |  |  |  |
| E-mail Address   |                                |                        |   |                           |  |  |  |  |
| Phone Number Fax 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 Date   |                                |                        |   |                           |  |  |  |  |
| SEND COMPLETED FORMS TO: For U.S. Postal Serv  |                                | stal Service:          | For Private Courie  | er:                       |  |  |  |  |
|  | Office of Atm<br>Mail Code: 62 | Ivania Avenue, NW      | U.S. EPA<br>Stratospheric Prote<br>Office of Atmosphe<br>Room 4355CC<br>1201 Constitution A<br>Washington, D.C. 2 | eric Programs<br>Ave., NW |  |  |  |  |

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)

| TRANSACTION #   |              |         |           |      |             |           |   |
|---|--------------|---------|-----------|------|-------------|-----------|---|
| 2.1 Transferee Identification   |              |         |           |      |             |           |   |
| Transferee Company Name   |              |         |           |      |             |           |   |
| Transferee Contact Person   |              |         |           |      |             |           |   |
| Street Address  |              |         |           |      |             |           |   |
| City  |              | Country | Country   |      | Postal Code |           |   |
| Phone Number  |              |         | Fax Nur   | mber |             |           |   |
| 2.2 Type of Allowance Being Transferred (check only one):   |              |         |           |      |             |           |   |
| Select One:   | ☐ Production | □ Co    | onsumptio | on   |             | ☐ Article | 5 |
| Select One:  Current Year Allowances  Baseline Year Allowances  (Please note that inter-pollutant transfers of Baseline Year Allowances will not be approved)                             |              |         |           |      |             |           |   |
| 2.3 HCFC Transfe  | rring From   |         |           |      |             | 2.4 ODP   |   |
| 2.5 Quantity of HCFC Allowances in Section 2.3 Being Transferred (kg)   |              |         |           |      |             |           |   |
| 2.6 Calculated Level of HCFC in Section 2.3 Being Transferred (Section 2.4 x Section 2.5)*  |              |         |           |      |             |           |   |
| 2.7 HCFC Transferring To  |              | •       |           |      |             | 2.8 ODP   |   |
| 2.9 Amount of Offset (0.001 x Section 2.5) (kg)*  |              |         |           |      |             |           |   |
| 2.10 Number of Allowances Subtracted from Transferor's Balance of HCFC Allowances (Section 2.5 + Section 2.9) (kg)*   |              |         |           |      |             |           |   |
| 2.11 Quantity of HCFC Allowances in Section 2.7 Being Received (Section 2.6 / Section 2.8) (kg)*  |              |         |           |      |             |           |   |
| *When calculating 2.6 and 2.9, please note that these values should <u>not</u> be rounded. Only the quantities calculated in 2.10 and 2.11 should be rounded to the closest whole number. |              |         |           |      |             |           |   |

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#### **SECTION 3 ALLOWANCE BALANCE SUMMARY**

#### 3.1 Balance of Unexpended HCFC Allowances Prior to Transfers Reported

| Α             | В  | С  | D   |
|---------------|--|--|---|
| Chemical Name | Balance of Unexpended<br>Production Allowances | Balance of Unexpended Consumption Allowances | Balance of Unexpended<br>Article 5 Allowances |
| HCFC-22       |  |  |   |
| HCFC-142b     |  |  |   |
| HCFC-123      |  |  |   |
| HCFC-124      |  |  |   |
| HCFC-225ca    |  |  |   |
| HCFC-225cb    |  |  |   |

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