

EPA U.S. Environmental Protection Agency STRATOSPHERIC OZONE PROTECTION PROGRAM	CLASS I CONTROLLED SUBSTANCE METHYL BROMIDE PRODUCER QUARTERLY REPORT (Sec 82.13)
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SECTION 1 PRODUCING COMPANY IDENTIFICATION

1.1 Date of Submission _____	1.2 <input type="checkbox"/> Original Submittal <input type="checkbox"/> Re-submittal
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1.3 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 _____
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1.4 Producing Company

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

1.5 Company Contact Identification

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

1.6 Importer Information

Is your company an Importer of methyl bromide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the Importer Quarterly Report attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1.7 Exporter Information

Is your company an Exporter of methyl bromide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the Exporter Quarterly Report attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1.8 Sales to Critical Users Information

Did your company make sales directly to critical users?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the Sales of Critical Methyl Bromide to End Users Report attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1.9 Critical Stock Allowances Information

Did your company own pre-phaseout stocks of methyl bromide, receive critical stock allowances (CSAs) allocations, or purchase CSAs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the Pre-2005 Methyl Bromide Stocks Report attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1.10 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:	For Private Courier:
	Tracking System Program Manager Stratospheric Protection Division U.S. EPA (6205J) 1200 Pennsylvania Avenue, NW Washington, DC 20460	Tracking System Program Manager Stratospheric Protection Division U.S. EPA – (6205J) 1310 L Street, NW; 10 th Floor Washington, DC 20005

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 16 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 COMPANY PRODUCTION DATA

2.1 Company [Redacted]

2.2 Company Production

A	B	C	D	E	F			G	H	I	J
In-House Transformation (kg)	Second-Party Transformation (kg)	In-House Destruction (kg)	Second-Party Destruction (kg)	Quarantine and Preshipment (QPS) (kg)	Critical Use Exemption (CUE) (kg)			Emergency Use Exemption (kg)	Article 5 Production (kg)	Gross Production of Methyl Bromide (kg) (A+B+C+D+E+F ₁ +F ₂ +F ₃ +G+H=I)	Critical Stock Allowances (CSA) (kg)
					F ₁	F ₂	F ₃				
					Pre-plant	Post-Harvest	For Export				

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SECTION 3 ALLOWANCE EXPENDITURE DATA

3.1 Company Name

3.2 Allowance Balance Summary

		Expended	Unexpended
A	Total Article 5 allowances for year to date (as of the end of the quarter) that were:		
B₁	Total pre-plant critical use allowances for year to date (as of the end of the quarter) that were:		
B₂	Total post-harvest critical use allowances for year to date (as of end of the quarter) that were:		
C	Total critical stock allowances (CSAs) for year to date (as of end of the quarter) that were:		

3.3 Producer's CUE Methyl Bromide Ending Inventory, If Any (Complete this question for 4th quarter reporting only)

_____ kg owned by reporting company (at end of the control period) (including all quantities held by other suppliers, but not quantities sold to end-users)

3.4 Name(s) of Company(ies) for Which Critical Use Methyl Bromide is Being Held by Reporting Entity and Associated Amounts (kg) Held for Each (excluding end-users) (Complete this question for 4th quarter reporting only)

Company Name:	Pre-Plant (kg):	Post-Harvest (kg):
Company Name:	Pre-Plant (kg):	Post-Harvest (kg):
Company Name:	Pre-Plant (kg):	Post-Harvest (kg):
Company Name:	Pre-Plant (kg):	Post-Harvest (kg):
Company Name:	Pre-Plant (kg):	Post-Harvest (kg):