

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

CLASS I CONTROLLED SUBSTANCE
 SECOND-PARTY DESTRUCTION
 ANNUAL REPORT (Sec 82.13)

SECTION 1 COMPANY IDENTIFICATION

| | | | | |
|-------------------------------|--|--|--|---|
| 1.1 Date of Submission | | 1.2 Year To Which This Report Applies | | 1.3 <input type="checkbox"/> Original Submittal <input type="checkbox"/> Re-submittal |
|-------------------------------|--|--|--|---|

| | | | |
|---|--|------------------------|--|
| 1.4 Have you submitted a one-time destruction report to EPA (per Sec 82.13)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Submitted: | |
|---|--|------------------------|--|

| | | | |
|---|--|------------------------|--|
| 1.5 Have you submitted a destruction verification to the producer or importer (per Sec 82.13)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Submitted: | |
|---|--|------------------------|--|

1.6 Company Information

Company Name

Street Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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:

U.S. EPA
 Stratospheric Protection Division
 Office of Atmospheric Programs
 Mail Code: 6205T
 1200 Pennsylvania Avenue, N.W.
 Washington, DC 20460

For Private Courier:

U.S. EPA
 Tracking System Program Manager
 Stratospheric Protection Division
 William Clinton East Building, Room 1340
 1201 Constitution Avenue, N.W.
 Washington, DC 20004

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 2.1 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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CLASS I CONTROLLED SUBSTANCE

SECOND-PARTY DESTRUCTION
 ANNUAL REPORT (Sec 82.13)

SECTION 2 DESTRUCTION SUMMARY

2.1 Company Name

2.2 Destruction Totals

| A | B |
|-----------------------------|--|
| Chemical Name | Second-Party Destruction of Class I Substance (kg) |
| CFC-11 | |
| CFC-12 | |
| CFC-13 | |
| CFC-111 | |
| CFC-112 | |
| CFC-113 | |
| CFC-114 | |
| CFC-115 | |
| Other CFCs (please specify) | |
| | |
| | |
| HBFCs (please specify) | |
| | |
| | |
| Halons (please specify) | |
| | |
| | |
| Carbon Tetrachloride | |
| Methyl Chloroform | |
| CBM | |