

FORM F-3CP/GHG
2015 ANNUAL FEE CALCULATION FOR COVERED SOURCES
 (FOR AIR POLLUTANTS EMITTED DURING CALENDAR YEAR 2014)

Date Received
by CAB: _____

FACILITY INFORMATION (Fill in the blanks. Update the information as needed.)

Facility Name:	Location:	Island:	Permit No.:
Mailing Address:	City:	State:	Zip Code: »
Contact Person:	Title:	Telephone No.:	
Responsible Official:	Title:	Telephone No.:	
SIGNATURE of Responsible Official:			Date:

Based on the information and belief formed after reasonable inquiry, the statements and information in all annual fee forms, F-1CP, F-1GHG, F-2CP, F-2GHG, & F-3CP/GHG, for this year, are true, accurate, and complete.

2015 ANNUAL FEE CALCULATION

<u>Payable to</u>	<u>Category</u>	<u>Total Emissions Subject to Fees</u>		<u>2015 \$/ton</u>		<u>Total</u>
Clean Air Special Fund - COV	Criteria Pollutant (from D on Form F-1CP)	_____	X	\$53.60	=	\$ _____
	CO ₂ e Tons (from D on Form F-1GHG)	_____	X	\$0.07	=	\$ _____
	Total Payable to COV fund	_____		Subtotal of two lines above:		A. \$ _____
Clean Air Special Fund - NON	Criteria Pollutant (from D on Form F-1CP)	_____	X	\$13.06	=	\$ _____
	CO ₂ e Tons (from D on Form F-1GHG)	_____	X	\$0.05	=	\$ _____
	Total Payable to NON fund	_____		Subtotal of two lines above:		B. \$ _____
The rates are established in accordance with HAR, §11-60.1-114, and are adjusted annually: The rates include the Consumer Price Index (CPI) adjustment of 1.52% (increase from 2012 to 2013): 2015 \$/ton charge for criteria pollutants for Clean Air Special Fund-COV = \$52.80 x 1.0152 = \$53.60/ton 2015 \$/ton charge for criteria pollutants for Clean Air Special Fund-NON = \$12.86 x 1.0152 = \$13.06/ton GHG requires no adjustment for 2015						Total: C. \$ _____

Write the CSP number on each check or money order.

If Line C is less than the minimum annual fee, submit the minimum annual fee with a check or money order made payable to: **"Clean Air Special Fund-COV."**
 The minimum annual fee is defined as \$500.00, or \$42.00 per month for any fraction of a calendar year that the covered source was in operation or the CSP was valid.

If Line C is greater than \$500, pay the fee with two separate checks or money orders made payable to: **"Clean Air Special Fund-COV"** (written in the amount of Line A); **and**
"Clean Air Special Fund-NON" (written in the amount of Line B)