

FORM F-3CP/GHG
2016 ANNUAL FEE CALCULATION FOR COVERED SOURCES
(For Air Pollutants Emitted During Calendar Year 2015)

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.

2016 ANNUAL FEE CALCULATION

<u>Payable to</u>	<u>Category</u>	<u>Total Emissions Subject to Fees</u>	<u>2016 \$/ton</u>	<u>Total</u>
Clean Air Special Fund - COV	Criteria Pollutant (from D on Form F-1CP)	_____ X	\$54.51	= \$ _____
	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	\$13.28	= \$ _____
	CO ₂ e Tons (from D on Form F-1GHG)	_____ X	\$0.05	= \$ _____
	Total Payable to NON fund	_____	Subtotal of two lines above: B. \$ _____	
<small>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 1.70% (increase from 2013 to 2014): 2016 \$/ton charge for criteria pollutants for Clean Air Special Fund-COV = \$53.60 x 1.0170 = \$54.51/ton 2016 \$/ton charge for criteria pollutants for Clean Air Special Fund-NON = \$12.86 x 1.0170 = \$13.28/ton</small>				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)