

**FORM F-3, 2018 ANNUAL FEES
FOR NONCOVERED SOURCES**

For Operation in Calendar Year: 2017

Fill in the blanks and update any information as needed.

1. Company Name: _____
2. Facility Name (if different from the Company): _____
3. Mailing Address: _____
 City: _____
 State: _____
 Zip Code: _____
 Phone Number: _____
4. Location of Equipment: _____
5. Annual Fees Contact: _____
 Title: _____ Phone: _____

Noncovered Source Permit or Permit to Operate Number	Date of Issuance	Date of Expiration	Provide the Date if the permit has been cancelled	Amount Due
Total Due:				

6. Make check or money order payable to "**Clean Air Special Fund-NON.**" Indicate your permit number(s) on all remittance.

7. For **State Agencies**, make Journal Voucher into the Clean Air Special Fund as follows:

TC	F	YR	APP	D	Source Code	Proj. #	PH	Dept. Acct.
805	S	16	349	H	1120	000327	00	440

Indicate your permit number(s) on the Journal Voucher.

8. Mail or deliver payment and this form to:

**State of Hawaii
Clean Air Branch
2827 Waimano Home Rd. #130
Pearl City, HI 96782**