

**FORM F-3, 2020 ANNUAL FEES  
FOR NONCOVERED SOURCES**

For Operation in Calendar Year: 2019

**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
<b>Total Due:</b>				

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:

<b>TC</b>	<b>F</b>	<b>YR</b>	<b>APP</b>	<b>D</b>	<b>Source Code</b>	<b>Proj. #</b>	<b>PH</b>	<b>Dept. Acct.</b>
805	S	20	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**