

FORM F-1CP
2024 CRITERIA POLLUTANT ANNUAL FEE SUMMARY FOR COVERED SOURCES
 (For Air Pollutants Emitted During Calendar Year 2023)

Date Received
 by CAB: _____

Submit forms F-1CP, F-2CP, F-1GHG, F-2GHG, and F-3CP/GHG

Organization Name: _____

Permit #: _____

Calculated Criteria Pollutant Emissions

Total Reported Emissions from Form F-2CP Supplement Sheets (provide values to the nearest 1/10 of a ton) <small>(Indicate Supplement A, B, etc. in the space provided below)</small>		Air Pollutant Emissions (tons/yr)											
		Regulated Air Pollutants Including Hazardous Air Pollutants (Please specify)											
		TSP	PM ₁₀	PM _{2.5}	SO ₂	CO	NO _x	VOC	Pb	HAPs	NH ₃		
A.	Supplement _____												
	Supplement _____												
	Supplement _____												
	Supplement _____												
B. Total Reported Emissions Sum of section A. (to the nearest 1/10 of a ton)													
C. Total Criteria Pollutant Emissions Subject to Fees Enter values from row B. (in WHOLE TONS, drop the fraction of a ton)													D. Sum of the values in this row:

Note: PM₁₀, PM_{2.5}, and Pb emissions are accounted for under TSP and should not be included on Line C.