FORM F-3CP/GHG 2026 ANNUAL FEE CALCULATION FOR COVERED SOURCES

(For Air Pollutants Emitted During Calendar Year 2025)

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.:		Email:				
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.								

2026 ANNUAL FEE CALCULATION

Payable to	<u>Category</u>	Total Emissions Subject to Fees	CY 2025 <u>\$/ton</u>			<u>Total</u>
Clean Air Special Fund - COV	Criteria Pollutant (from D on Form F-1CP)		X	=		\$
	CO₂e Tons (from D on Form F-1GHG)		X	=		\$
	Total Payable to COV fund		Subtotal of two I	ines above:	A.	\$
Clean Air Special Fund - NON	Criteria Pollutant (from D on Form F-1CP)		X	=		\$
	CO₂e Tons (from D on Form F-1GHG)		X	=		\$
	Total Payable to NON fund		Subtotal of two I	ines above:	В.	\$
The rates are established in accordance The rates include the Consumer Price CY 2025 \$/ton charge for CY 2025 \$/ton charg		Total (A+B):	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)