

Instructions for Allowance Deduction Form (Optional)

The Acid Rain Program and Transport Rule Trading Programs (TR NO_X Annual, TR SO₂ Group 1, TR SO₂ Group 2, and TR NO_X Ozone Season) regulations allow for the identification of allowances to be deducted for annual compliance. The form must be submitted by December 1 for the TR Ozone Season Program, or March 1 of the year after the compliance year for the Acid Rain, TR SO₂ Group 1, TR SO₂ Group 2, and TR NO_X Annual Program.

You are encouraged to use the CAMD Business System (CBS) to submit allowance deductions online. To register for CBS, go to http://www.epa.gov/airmarkets/participants/business/index.html.

If you need more space, photocopy page one. When you have completed the form, indicate the page order and total number of pages (<u>e.g.</u>, 1 of 4, 2 of 4, etc.) in the spaces provided in the upper right hand corner of each page.

Either the designated representative (DR) or the alternate DR may sign this form.

Step 1 Make sure you select the correct allowance program. Only check one box. If you want to deduct allowances under more than one program, submit a separate form for each program.

Step 2 Enter the Compliance Year, the Allowance Management System (AMS) Account Number of the facility (i.e., plant) from which allowances are to be deducted, and the Facility Name.

Step 3 List by serial number the allowances to be deducted. You may specify single allowances or a series of allowances. In the total column, enter the total number of allowances to be deducted.

Verify the accuracy of your entries by computing one of the following simple equations:

Start Number = End Number - Total + 1

or

End Number = Start Number + Total - 1

NOTE: If the serial number range does not correspond with the figure for the total number of allowances, then EPA will rely on the serial number range and not the total number.

You may copy the form to list additional allowances to be deducted. When you have completed the form, for each AMS account number indicate the page order and total number of pages (e.g., 1 of 4, 2 of 4, etc.) in the boxes in the upper right hand corner of each page.

The allowance year of the allowances to be deducted must be the same as, or a year prior to, the compliance year listed in Step 1.

If you do not identify enough allowances by serial number, EPA will deduct any additional allowances necessary on a first-in, first-out (FIFO) basis starting with those allowances that were originally allocated to the source starting with the earliest date of recordation into the compliance account, followed by any allowances transferred into the compliance account in order of recordation.

If you identify more than enough allowances, EPA will deduct the allowances in the order listed on the form. EPA will not deduct more allowances than necessary for compliance.

Step 4 Read the Certifications, sign, and date.

Mailing Instructions Mail this form to EPA at one of the following addresses:

for regular or certified mail:

for overnight mail:

U.S. EPA Clean Air Markets Division (6204M) Attention: Annual Reconciliation 1200 Pennsylvania Avenue, NW Washington, DC 20460 U.S. EPA
Clean Air Markets Division (6204M)
Attention: Annual Reconciliation
1201 Constitution Ave., NW.,
7th Floor, Room # 7421D
Washington, DC 20004
Phone: 202-343-9164

For more information see the applicable rule:

Acid Rain: 40 CFR 73.35

TR NO_X Annual: 40 CFR 97.424 TR SO₂ Group 1: 40 CFR 97.624 TR SO₂ Group 2: 40 CFR 97.724

TR NO_X Ozone Season: 40 CFR 97.524

Paperwork Burden Estimate

The public reporting and recordkeeping burden for this collection of information is estimated to average 3 hours per response annually. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW., Washington, D.C. 20460. Include the OMB control number in any correspondence. **Do not send the completed form to this address.**



EPA Allowance Deduction Form

(Page 1 of ___ in this submission)

STEP 1 Select the type of allowances to be deducted.	Choose one only: Acid Rain TR NOx Ozone Season Allowances TR NOx Allowances TR SO ₂ Group 1 Allowances TR SO ₂ Group 2 Allowances			
STEP 2 Enter compliance year and Facility information	Compliance Year	Account Number	Facility Name	

STEP 3 List the allowances to be deducted by serial number in order of

deduction.

You may specify single allowances or a series of allowances. In the total column, enter the total number of allowances to be deducted. **Enter separate** series or series with a different use date on a separate line.

	Start Number	End Number	
Year	Start	End	Total
1 1 1			
1 1 1			
1 1 1			
1 1 1			
1 1 1			
1 1 1	1 1 1 1 1 1		
1 1 1			
1 1 1			
1 1 1	1 1 1 1 1 1		
1 1 1	1 1 1 1 1 1		
1 1 1	1 1 1 1 1 1		
1 1 1	1 1 1 1 1 1		
1 1 1	1 1 1 1 1 1		
1 1 1	1 1 1 1 1 1		
1 1 1	1 1 1 1 1 1		
	1 1 1 1 1 1		

Account # (from page 1) (Page 2 of _ in this submission)

STEP 4

Complete Steps 5 and 6. Read the certification, print name, and sign and date.

Certification

I am authorized to make this submission on behalf of the owners and operators of the source or units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

Name	
Signature	Date

Submission Information

Mail to the following address:

for regular or certified mail:

U.S. EPA Clean Air Markets Division (6204M) Attention: Annual Reconciliation 1200 Pennsylvania Avenue, NW Washington, DC 20460 for overnight mail:

Phone: 202-343-9164

U.S. EPA
Clean Air Markets Division (6204M)
Attention: Annual Reconciliation
1201 Constitution Ave., NW.,
7th Floor, Room # 7421D
Washington, DC 20004