Instructions for Allowance Deduction Form (Optional)

The regulations for the Acid Rain Program, Cross-State Air Pollution Rule (CSAPR) trading programs, and Texas SO_2 Trading Program allow for the identification of the specific allowances to be deducted for compliance. If you choose to identify specific allowances, your selections must be submitted by March 1 of the year after the compliance period.

You are encouraged to use the CAMD Business System (CBS) to identify the allowances to be deducted online. To register for CBS, go to https://camd.epa.gov/CBS/login/auth.

If you need more space, photocopy page one. When you have completed the form, indicate the page order and total number of pages (*e.g., 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 Select the allowance trading program. Only check one box. If you want to identify the allowances to be deducted under more than one program, submit a separate form for each program.

Step 2 Enter the compliance year, the compliance 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 compliance 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 no later than 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 in the order of recordation into the compliance account, followed by any allowances transferred into the compliance account in the 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 certification, sign, and date.

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

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:

U.S. EPA
Clean Air Markets Division (6204M)
Attention: Annual Reconciliation
1201 Constitution Ave. NW
7th Floor, Room # 7421L
Washington, DC 20004
Phone: 202-564-0418

For more information see the applicable rule:

Acid Rain: 40 CFR 73.35
CSAPR NO_X Annual: 40 CFR 97.424
CSAPR NO_X Ozone Season Group 1: 40 CFR 97.524
CSAPR NO_X Ozone Season Group 2: 40 CFR 97.824
CSAPR SO_2 Group 1: 40 CFR 97.624
CSAPR SO_2 Group 2: 40 CFR 97.724
Texas SO_2: 40 CFR 97.924

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, Regulatory Support Division, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave. NW, Washington, DC 20460. Include the OMB control number in any correspondence. **Do not send the completed form to this address.**

EPA Allowance Deduction Form

(Page of in this submission)

STEP 1
Select the type of allowances to be deducted.

Choose one only:

- ☐ Acid Rain
- ☐ CSAPR NO_X Annual
- ☐ CSAPR NO_X Ozone Season Group 1
- ☐ CSAPR NO_X Ozone Season Group 2
- ☐ CSAPR SO_2 Group 1
- ☐ CSAPR SO_2 Group 2
- ☐ Texas SO_2

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**

Account # (from page 1)	(Page 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.

Print Name	
Signature	Date

Submission Information

Mail to the following address:

By regular or certified mail:

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

By overnight mail:

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