DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF AIR POLLUTION CONTROL
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 15th Floor, Nashville, TN 37243
Telephone: (615) 532-0554, Email: Air.Pollution.Control@TN.gov

TITLE V FEE SELECTION

Type or print and submit to the email address above.

FACILITY INFORMATION

1. Organization's legal name and SOS control number [as registered with the TN Secretary of State (SOS)]

2. Site name (if different from legal name)

3. Site address (St./Rd./Hwy.)	County name
City	Zip code

4. Emission source reference number	**5.** Title V permit number

FEE SELECTION

This fee selection is effective beginning January 1, _____. When approved, this selection will be effective until a new Fee Selection form is submitted. Fee Selection forms must be submitted on or before December 31 of the annual accounting period.

6. Payment Schedule (choose one):

Calendar Year Basis (January 1 – December 31) ☐ Fiscal Year Basis (July 1 – June 30) ☐

7. Payment Basis (choose one):

Actual Emissions Basis ☐ Allowable Emissions Basis ☐ Combination of Actual and Allowable Emissions Basis ☐

8. If Payment Basis is "Actual Emissions" or "Combination of Actual and Allowable Emissions", complete the following table for each permitted source and each pollutant for which fees are due for that source. See instructions for further details.

Source ID	Pollutant	Allowable or Actual Emissions	If allowable emissions: Specify condition number and limit. If actual emissions: Describe calculation method and provide example. Provide condition number that specifies method, if applicable.

8. (Continued)

Source ID	Pollutant	Allowable or Actual Emissions	If allowable emissions: Specify condition number and limit. If actual emissions: Describe calculation method and provide example. Provide condition number that specifies method, if applicable.

CONTACT INFORMATION (BILLING)

9. Billing contact			Phone number with area code
Mailing address (St./Rd./Hwy.)			Fax number with area code
City	State	Zip code	**Email address**

SIGNATURE BY RESPONSIBLE OFFICIAL

Based upon information and belief formed after reasonable inquiry, I, as the responsible person of the above mentioned facility, certify that the information contained in the submittal is accurate and true to the best of my knowledge. As specified in TCA Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

10. Signature		Date
Signer's name (type or print)	**Title**	Phone number with area code