



# Instructions for the Allowance Transfer Form

*The Acid Rain Program and Cross State Air Pollution Rule Programs (CS NO<sub>x</sub> Annual, CS SO<sub>2</sub> Groups 1 and 2, and CS NO<sub>x</sub> Ozone Season Groups 1 and 2) regulations allow for the transfer of emissions allowances between Allowance Tracking System (ATS) accounts. Upon receipt of a complete Allowance Transfer Form, EPA will move the allowances from the transferor's account to the transferee's account. For the Acid Rain Program you may transfer a portion of your allowance allocation or the entire allocation in perpetuity from a facility account to another account in the ATS, unless the allocation is made to an Acid Rain opt-in unit.*

You are encouraged to use the CAMD Business System (CBS) to submit allowance transfers online. To register for CBS, go to <https://camd.epa.gov/loginrequest/index.cfm>.

If you need more space, photocopy page three. 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.

Remember, for the Acid Rain Program (under 40 CFR 72.21(d)), you must notify the persons you represent in this transaction, (*i.e.*, the owners or operators of the affected source and units).

Either the authorized account representative (AAR) or the alternate AAR may sign this form. For facility accounts, the designated representative (DR) is the AAR and the alternate DR is the alternate AAR.

If you need assistance, call the Clean Air Markets Hotline at 202-343-9620.

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

**STEP 4** For the Acid Rain, the AAR or alternate AAR from the transferee account must sign the form or have a signature on file authorizing acceptance of allowances transferred into his or her accounts.

**STEP 5** If you are transferring SO<sub>2</sub> allowances (under the Acid Rain Program only), you may elect to transfer "in perpetuity" (*i.e.*, specific blocks of allowances for all years following a specified year) unless the allowances are allocated to an Acid Rain opt-in unit. To transfer an SO<sub>2</sub> allowance in perpetuity, check the Perpetuity box. "In perpetuity" allows you, for years beginning in 2010, to select only the first year you would like to transfer. For all years thereafter, the same transfers are recorded.

**STEP 6** Enter the vintage year and serial numbers of the allowances to be transferred. Enter the number of allowances to be transferred in the "Total" column. Verify the accuracy of your entries by computing one of the following simple equations reflecting the equivalent relationships:

$$\text{Start Number} = \text{End Number} - \text{Total} + 1$$

or

$$\text{End Number} = \text{Start Number} + \text{Total} - 1$$

Allowances with different vintage years must be entered on separate lines.

## Submission Deadline

If you are transferring allowances for purposes of compliance with Acid Rain, CSAPR SO<sub>2</sub> Group 1, CSAPR SO<sub>2</sub> Group 2, or CSAPR NO<sub>x</sub> annual, allowance holding requirements for a given year, this form must be post marked no later than the Allowance Transfer Deadline (midnight of March 1 of the next year.) For CSAPR NO<sub>x</sub> Ozone Season Group 1 and CSAPR NO<sub>x</sub> Ozone Season Group 2, the deadline is midnight of March 1 of the compliance year. This is general information; see the rule citation for complete details.

### For more information see the applicable rule:

Acid Rain: 40 CFR 73.50  
CSAPR NO<sub>x</sub> Annual: 40 CFR 97.422  
CSAPR NO<sub>x</sub> Ozone Season: 40 CFR 97.522  
CSAPR SO<sub>2</sub> Annual: 40 CFR 97.622 or 97.722

## Paperwork Burden Estimate

The public reporting and recordkeeping burden for this collection of information is estimated to average 2 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.**



# Allowance Transfer Form

(Page 1 of 3 in this submission)

Choose one only:

**STEP 1**  
Select the type of allowances to be transferred.

- Acid Rain
- CSAPR NO<sub>x</sub> Ozone Season Group 1 Allowances
- CSAPR NO<sub>x</sub> Ozone Season Group 2 Allowances
- CSAPR NO<sub>x</sub> Annual Allowances
- CSAPR SO<sub>2</sub> Group 1 Allowances
- CSAPR SO<sub>2</sub> Group 2 Allowances

**STEP 2**  
Enter account information about the transferor (in whose account the allowances currently reside).

**Transferor:**

Account #
Authorized Account Representative (AAR) Name
AAR Phone Number
AAR Fax Number
AAR E-mail Address

**STEP 3**  
Enter account information about the transferee (into whose account the allowances are being transferred).

**Transferee:**

Account #
Authorized Account Representative (AAR) Name
AAR Phone Number
AAR Fax Number
AAR E-mail Address

Transferor Account # (from page 1)
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**STEP 4**

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

For Designated or Alternate Designated Representatives

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.

For Authorized or Alternate Authorized Representatives (For General Accounts)

I am authorized to make this submission on behalf of the persons with an ownership interest with respect to the Acid Rain Program, CSAPR SO<sub>2</sub> Group 1, CSAPR SO<sub>2</sub> Group 2, CSAPR NO<sub>x</sub> Annual, CSAPR NO<sub>x</sub> Ozone Season Group 1, or CSAPR NO<sub>x</sub> Ozone Season Group 2 (as designated in Step 1 above) held in the general account. 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 material information, including the possibility of fine or imprisonment for violations.

**Transferor:**

Name	
Signature	Date

**Transferee (Acid Rain allowances only):**  Check if signature on file (see instructions)

Name	
Signature	Date

**STEP 5**

**Mark the box if all allowances listed below are to be transferred in perpetuity. To correctly list the allowances in perpetuity, refer to the instructions for this form.**

- The allowances listed at Step 6 and the allowances with corresponding serial numbers in successive future year subaccounts will be transferred in perpetuity to the Transferee's account. This applies for Acid Rain Program allowance transfers (but does not apply for transfers of Acid Rain allowances allocated to Acid Rain opt-in units).

Transferor Account # (from page 1)

**STEP 6**  
List the allowances to be transferred by serial number (see example).

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

				Start Number	End Number												
Year	Start				End				Total								
2   0   1   7	0	5	2	5	1	9	9	3	0	5	2	5	2	0	1	7	24

**Submission Information**

**Mail to the following address:**

By regular/certified mail:  
 U.S. Environmental Protection Agency  
 Clean Air Markets Division (6204M)  
 Attn: Allowance Tracking System  
 1200 Pennsylvania Avenue, NW  
 Washington, D.C. 20460

Or overnight mail:  
 U.S. Environmental Protection Agency  
 Clean Air Markets Division (6204M)  
 Attn: Allowance Tracking System  
 1201 Constitution Avenue, NW  
 7th Floor, Room #7421C  
 Washington, DC 20004  
 (202) 343-9168