



NEW MEXICO DEPARTMENT OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT

2021 ANNUAL TIER II FEE REPORT

Please complete and return this report with your payment. A facility's Tier II Report submittal will be deemed complete when the State receives both the T2 file electronic submittal and the appropriate payment.

SECTION I: FACILITY INFORMATION AND IDENTIFICATION

Facility Name: _____

Facility Address: _____

Mailing Address: _____

Facility Contact: _____ Phone: _____

Title: _____ Email: _____

Reporting Date: _____

Please complete and returned to the address listed below. Make your check or money order for the full amount due payable to the NMDHSEM and mail it to:

Mailing Address:

FEDEX or UPS Deliveries:

**Attn: Tier II Reporting
NMDHSEM
PO Box 27111
Santa Fe NM 87502**

**Attn: Tier II Reporting
NMDHSEM
13 Bataan Way
Santa Fe NM 87508**

When you provide a check as payment, you authorize the State of New Mexico to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

SECTION II: ANNUAL FEE CALCULATIONS

To calculate the Tier II fees, use the schedule below. **FEE SCHEDULE PER FACILITY (MAXIMUM PAYMENT OF \$250)**

- 1st three chemicals per facility=\$25.00
- 4 through 6 chemicals per facility= \$50.00
- 7 through 9 chemicals per facility= \$75.00
- 10 through 12 chemicals per facility= \$100.00
- 13 through 15 chemicals per facility=\$125.00
- 16 through 18 chemicals per facility=\$150.00
- 19 through 21 chemicals per facility= \$175.00
- 22 through 24 chemicals per facility= \$200.00
- 25 through 27 chemicals per facility= \$225.00
- 28 or more chemicals per facility=\$250.00.

Calculation Instructions: If you have more than one facility in New Mexico, calculate the fees due for each facility and add those to find the total payment due with your Tier II submittal. If the total amount exceeds \$250, then your payment will be exactly \$250. Do not overpay! The Department will not issue a refund of your overpayment.

Calendar Year: 2021

FACILITY NAME	NUMBER OF CHEMICALS	PAYMENT

* If Total Payment exceeds \$250 then you need to pay the maximum amount of \$250.
Make checks payable to NMDHSEM and send to the address shown above.

TOTAL AMOUNT PAID: _____

SECTION IX: CERTIFICATION

I certify that I have personally examined and am familiar with the information submitted in this and all attached documents. I hereby certify that either based on my personal knowledge or my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete.

Name (printed or typed)

Title

Signature

Date