



**NEW MEXICO DEPARTMENT OF HOMELAND SECURITY AND
EMERGENCY MANAGEMENT
ANNUAL TIER II FEE REPORT**

**Please complete and return this report with your payment. A facility's Tier II Report
submittal is considered complete upon receipt of both the electronic submittal and payment
of the correct amount.**

SECTION 1: FACILITY INFORMATION AND IDENTIFICATION

Primary Facility Name: _____

Primary Facility Address: _____

Mailing Address: _____

Primary Facility Contact: _____ **Phone:** _____

Title: _____ **Email:** _____

Reporting Date: _____

Please complete and return to the address listed below. Make your check or money order payable to NMDHSEM Tier II and mail to:

Mailing Address: **FEDEX or UPS Deliveries:**

Attn: Tier II Reporting	Attn: Tier II Reporting
NMDHSEM	NMDHSEM
PO Box 27111	13 Bataan Blvd
Santa Fe, NM 87502	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 2: ANNUAL FEE CALCULATION

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

1 to 3 chemicals per facility	\$25.00
4 to 6 chemicals per facility	\$50.00
7 to 9 chemicals per facility	\$75.00
10 to 12 chemicals per facility	\$100.00
13 to 15 chemicals per facility	\$125.00
16 to 18 chemicals per facility	\$150.00
19 to 21 chemicals per facility	\$175.00
22 to 24 chemicals per facility	\$200.00
25 to 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. Refunds will not be issued for overpayments. New Mexico does not contract with any online vendors for Tier II reporting or payment.

SATELLITE FACILITY NAME	NUMBER OF CHEMICALS	PAYMENT

* If you have additional facilities that are unable to fit on this form. Please use the form found on page 3. Additional copies of page 3 may be attached to your submission as needed.

SECTION 3: 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

