## **US EPA Fee Form**

Help and EPA Instructions

**Original Payment Information** 

\* Required Field

eneral Information	
ate: 03/11/2022	
rocess Code *	
Submit Additional Payment Information for Pre	vious Fee Filing Form 🗘
anufacturer Code *	
anufacturer Name *	
ontact Name *	
ontact Email Address *	Contact Phone *
ngine Family / Evaporative Family / Test Group	

Payment Date *	
MM/DD/YYYY	
Amount Paid *	
Check#/Wire/ACH/Pay.gov Tracking Number	er*
Reason for Additional Payment	
Additional Payment Reason *	
Underpayment	
Reduced fee payment for additional v	rehicles/engines
New calendar year fee schedule chang	ge
Other (explain in comments box)	
Payment Information	
Amount Owed *	
Payment Type *	
	<b>\$</b>
mments	

EPA Form Number 3520-29

OMB Control No. 2060-0545

Approval expires 12/31/2022

The public reporting and recordkeeping burden for this collection of information is estimated to average 12 minutes per response. 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 forms to this address.
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