



U.S. Environmental Protection Agency  
Motor Vehicle and Engine Compliance Program  
Correction Form

Date:

Manufacturer Name:

Family Name:

Original Payment Date:

Original Amount Paid: \$

Revised Family Name:

Company Representative:

Name:

Phone:

Email Address:

Fax:

(optional)

Reason for Correction:

- Typographical error in original family or test group name.
- Overpayment for original family name, please apply the overpayment to the revised family name. Write the overpayment amount in the comments box.
- Other (explain in comments box):

Comments:

**Submission:**

- (1) Forms may be filled out and submitted online at [www.Pay.gov](http://www.Pay.gov).
- (2) Forms may be submitted as email attachments to [Fees@epa.gov](mailto:Fees@epa.gov)
- (3) Forms may be submitted by surface mail to:

Environmental Protection Agency- NVFEL  
Fees Team  
Compliance Division  
2000 Traverwood  
Ann Arbor, Michigan 48105

The public reporting and recordkeeping burden for this collection of information is estimated to average 18 minutes per response. Send comments on EPA's need for this information, the accuracy of the provided burden estimate, 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., N.W., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed Form 3520-29 to this address.

This form is used to make typographical and other corrections to a family or test group name, to apply an overpayment on one family to certification fee payment for a different family, and to make other changes to previously submitted fee filing forms. For corrections requiring additional payment, use the MVECP Miscellaneous Payments Due Form, to both make the change and submit the payment. For corrections that result in a reduction in the amount owed, the correction can be treated as an overpayment on the new family using this form, and a Refund Request Form can be used to be refunded the overpayment if desired. All corrections are subject to EPA approval. All forms can be found and submitted at [www.Pay.gov](http://www.Pay.gov) or downloaded at [www.epa.gov/otaq/fees.htm](http://www.epa.gov/otaq/fees.htm).

**Manufacturer Name:**

Please enter the name of the company or manufacturer.

**Family Name:**

Enter the original test group or family name. If you are using the form to apply overpayments (credit balance) on more than one family to the "revised" family name below, list the additional families in the comment box.

**Original Payment Date:**

Enter the date of the online credit card or ACH payment, or the date of the offline check, wire, or ACH payment for the original test group or family. Use the best information available.

**Original Amount Paid:**

Indicate the amount you paid for this family or test group when the initial fee payment was made, if applicable.

**Revised Family Name:**

Indicate the revised or new family or test group name. If you are using the form to correct a typographical or other mistake in the name, enter the corrected name. If you are using the form to assign a name to a previous placeholder name, enter the assigned name. If you are using the form to apply an overpayment to a new family, put down the new family to which the overpayment should be applied. Use one correction form for each new family to which overpayments are being assigned.

**Company Representative:**

Enter the authorized company representative information, including a contact name, email address, telephone number, and fax number. The contact should be a person familiar with the correction who can be reached for clarification of any issues. Foreign manufacturers may find that having a contact person in the U.S. will expedite resolution of fee payment issues. This contact person will be notified if the correction is not approved or there is a problem.

**Reason for Correction:**

Select the reason for correction:

- Typographical error in original family or test group name.
- Overpayment for original family name, please apply the amount to the revised family name.  
Select this option to transfer an overpayment on the original family or test group to the "revised" family or test group. Enter information about the original payment(s) in the Comments box. This will help EPA confirm the overpayment.
- Other (explain in comments box)  
For any other corrections enter your explanation in the Comments box.

**Comments:**

Enter any information necessary or helpful in explaining the correction.

**Submission:**

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