



April 01, 2021

TO ALL OPERATORS OF MAJOR WASTE TIRE FACILITIES

Title 14, California Code of Regulations (14 CCR), Division 7, Chapter 6, Article 9, section 18472(c), requires you to submit a report to the California Department of Resources Recycling and Recovery (CalRecycle). The report calculates the inflationary increase in the closure cost estimate for the previous calendar year.

Based on information obtained from the U.S. Department of Commerce, Bureau of Economic Analysis, Table 4, dated March 25, 2021, the inflation factor for **2020** is **1.012 (1.2%)**. Please complete the **2020 Annual Inflation Factor Report** on the reverse side of this letter for each major waste tire facility you operate, and send it to the **Financial Assurances Unit** at the following email address by **June 1, 2021**:

FAU@CALRECYCLE.CA.GOV

If you would prefer to mail it, please send it to:
CalRecycle, Financial Assurances Unit, MS 10A-15 P.O. Box 4025, Sacramento, CA 95812-4025

Previous years' Inflation Factor Reports can be found at:
<https://www.calrecycle.ca.gov/SWFacilities/Financial/Bulletins>

Following are previous years' inflation factors:

1994 - 1.020	1995 - 1.024	1996 - 1.020	1997 - 1.020
1998 - 1.010	1999 - 1.015	2000 - 1.021	2001 - 1.022
2002 - 1.011	2003 - 1.017	2004 - 1.021	2005 - 1.028
2006 - 1.029	2007 - 1.027	2008 - 1.022	2009 - 1.012
2010 - 1.010	2011 - 1.021	2012 - 1.018	2013 - 1.015
2014 - 1.015	2015 - 1.010	2016 - 1.013	2017 - 1.018
2018 - 1.022	2019 - 1.018		

If you have not made the previous years' adjustments, please do so before calculating the 2021 adjusted total cost estimates. Apply subsequent inflation factors to the previous year's total cost estimate, beginning with the inflation factor that corresponds with the year the plan was prepared. For example, if the plan was prepared in 1994, apply the 1994 inflation factor to your 1994 initial certified total closure cost estimates and so forth with each corresponding year inflation factor until the current inflation factor is applied.

According to 14 CCR, section 18472(d), the financial assurance mechanism used to demonstrate financial responsibility for closure of your major waste tire facility, must be

ANNUAL INFLATION FACTOR REPORT 2020

updated no more than 60 days after a change in the amount of the current closure cost estimate.

Do not disregard the cost estimate information in this notice, if you recently revised your estimates due to changes in your closure plan, and the revised estimates reflect 2021 dollars. Please report your updated 2021 estimates. If you have any questions regarding this report, please contact Karisa Carlos of the Financial Assurances Unit at (916) 341-6373, or at karisa.carlos@calrecycle.ca.gov. Thank you for your cooperation.

FACILITY NAME: _____

FACILITY NO.: _____

Multiply each cost estimate by the inflation factor to determine the new adjusted cost estimates as illustrated below.

The ABC Major Waste Tire Facility cost estimate for CLOSURE in 2020 was \$2,000,000. Using the 2020 inflation factor of 1.012, they recalculated their ADJUSTED CLOSURE COST for 2021 to \$2,024,000.

$$\text{Closure Cost Estimate} - \$2,000,000 \times 1.012 = \$2,024,000$$

Identify the highest approved or subsequently submitted cost estimate on record and the date of the plan then multiply the cost estimate by the inflation factor to determine the new adjusted amount. If the cost estimate was prepared in 2021 dollars, do not inflate and only fill in the top row.

\$ _____	_____
Highest Closure Cost Estimate Approved or Subsequently Submitted	Date of Plan

\$ _____	x 1.012 =	\$ _____
Closure Costs (2020 Dollars)		Estimate in 2021 Dollars

I certify under penalty of perjury under the laws of the State of California that the information in this document is true and correct to the best of my knowledge and is being provided in accordance with the regulations. To sign, click the "Fill & Sign" button on the right pane. Click "Sign" at the top and click "Add Signature".

_____ Operator/Owner Signature	_____ Printed Name of Person Signing
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_____ Mailing Address	_____ Title of Person Signing
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_____ Phone Number	_____ Email	_____ Date of Report
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