



New Mexico Alternative Fuel Pathway (AFP) Application Form

NMED Climate Change Bureau: NM Alternative Fuel Pathway Registration Form Revision: 1 Date: 07/15/2026

Complete all required fields (marked *). Submit completed form by email to: ctfp.afp@env.nm.gov.

Existing applicants must resubmit using this version. Submissions will be backdated upon portal launch.

Section 1 – Application Type

Check all boxes that apply to this application.

☐ Tier 1 fuel pathway application	☐ Tier 2 fuel pathway application
☐ This application contains multiple pathways	☐ This application contains joint applicants
☐ Recertification from another state (CARB LCFS, WA CFS, OR CFP)	☐ Resubmission – submitted prior to AFM opening
☐ Application contains Confidential Business Information (CBI)	☐ Large-file submission required (Tier 2 – see Section 9)

Section 2 – Applicant Information

Organization Legal Name *

EPA Company ID *	Federal Employer Identification Number (FEIN)

Mailing Address (Street, City, State, ZIP) *	State of Incorporation / Organization

Account Administrator Name *	Account Administrator Title *

Account Administrator Phone *	Account Administrator Email *

Joint Applicant(s)

Section 3 – Facility Information

Complete for the primary production facility. Attach an Additional Facility Sheet for each additional facility.

Facility Name (Legal and Common) *

Facility Owner *	Facility Operator

Facility Physical Address (Street, City, State, ZIP, Country) *

Latitude (decimal degrees)	Longitude (decimal degrees)	EPA Facility ID

Facility Contact Name *	Facility Contact Phone *	Facility Contact Email *

List each fuel and feedstock combination produced at this facility. If additional rows are needed, use Appendix C.

Fuel Name	Feedstock	Production Process / Technology	Annual Capacity (units)

Section 4 – Pathway Details

Complete one pathway details block per pathway. Copy this section for additional pathways.

Fuel *	Feedstock *	Production Process / Technology *

Proposed Pathway Description *

Proposed Carbon Intensity (CI) (gCO ₂ e/MJ) *	Operational Data Period *	Proposed Pathway Tier *

List all cells modified from the default NM-GREET calculator values. Required for Tier 1 and Tier 2. If additional rows are needed, use Appendix D.

Cell Reference	Cell Name / Description	Default Value	Modified Value

Section 5 – Recertification from Another State

Complete this section only if 'Recertification from another state' is checked in Section 1. If additional rows are needed, use Appendix E.

Other-State Program *	Other-State Fuel Pathway Code (FPC) *

Other-State Certified CI (gCO ₂ e/MJ) *	Other-State Certification Date *

Description of Changes from Other-State Pathway

Section 6 – Confidential Business Information (CBI)

Complete this section only if 'Application contains CBI' is checked in Section 1.

☐ Yes – this application includes CBI

☐ No – no CBI claimed

List of Documents Containing CBI and Basis for Claim

Section 7 – Required Attachments Checklist

Check each item included in this submission.

Attachment / Document	When Required	x
Cover letter on organization letterhead	All applications	☐
Completed AFP Application Form (this form)	All applications	☐
Facility information summary and site map	All applications	☐
NM-GREET calculator (complete, unlocked)	Tier 1 / Tier 2	☐
PDF printout or model summary	Tier 1 / Tier 2	☐
List of modified / changed cells (Section 4 table)	Tier 1 / Tier 2	☐
Engineering report substantiating model modifications	Tier 2	☐
Operational data records supporting proposed CI	Tier 1 / Tier 2	☐
General Attestation Letter – Responsible Official <i>(Wet/ink signature required; attestation page must be printed and physically signed for notarization.)</i>	Tier 1/Tier 2 / Other-State Tier 2	☐
Fuel-specific attestation (biomethane/biogas, if applicable)	Where applicable	☐
Third-party verification plan / statement	Where verification required	☐
Other-state pathway package and staff summary letter	Recertification only	☐
Updated calculator – NM transportation adjustments	Recertification only	☐
Other-state verification reports (all)	Recertification – if other-state verified	☐
Confidentiality index / file list	If claiming CBI	☐

Section 8 – Engineering Report

Tier 1 and Tier 2 applicants must submit an engineering report substantiating all NM-GREET calculator modifications listed in Section 4.

☐ Engineering report is attached to this submission
☐ Engineering report will be submitted separately (provide expected date below)
☐ Engineering report is not required for this pathway type

Engineering Report Title / Reference	Expected Submission Date (if not attached)

Section 9 – Large File Submission (Tier-2)

Complete this section if your submission includes Tier-2 calculator files or other large files that cannot be sent by email. Submit all other application materials first. NMED staff will follow up with a secure file upload link for large files after your initial submission is received.

☐ Large-file submission required

☐ No large files for this submission

Approximate Total File Size	Large-File Coordination Contact Email

Section 10 – Certification, Signature, and Notarization

As the person submitting a New Mexico Alternative Fuel Pathway application to the New Mexico Environment Department (NMED) under the Clean Transportation Fuel Program (CTFP), on behalf of the above organization, I, being first duly sworn, upon oath, state:

- I am an authorized representative of the organization identified in this application and have the proper authority to take actions and submit this application on behalf of the organization's participation in the New Mexico Clean Transportation Fuel Program.
- I have all the necessary authority to carry out the duties and responsibilities contained in 20.2.92 NMAC on behalf of the organization identified in this document.
- The information submitted in this application is true, accurate, and complete to the best of my knowledge.
- The organization identified in this document shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by NMED or a court regarding this application.
- I understand that NMED may request additional information before determining whether this application is complete or whether a pathway may be certified under 20.2.92 NMAC.

Responsible Official Name *	Title *	Signature * (wet/ink)	Date (MM/DD/YYYY) *

Notarization

State of:	County of:
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Signed and sworn to before me on _____ by _____, as
[Date] [Name]
_____, of _____
[Job Title] [Organization Name]

Notarial Official

Signature of Notarial Official:	(Notary Seal)
Title of Office:	
Commission Number:	
Commission Expiration Date:	

A pathway is NOT certified until NMED issues written approval and assigns a Fuel Pathway Code (FPC). Retain this form, all attachments, NMED acknowledgment emails, and any fee records. The Responsible Official must sign this page with a wet (ink) signature. This page must be printed and physically signed for notarization.

Appendix A – Email Subject Line Formats

Purpose	Subject Line Format
Initial AFP – Novel NM	CTFP AFP Application – [Org Name] – [Fuel Type] – [Tier 1/Tier 2]
Initial AFP – Other-state recertification	CTFP AFP Recertification Application – [Org Name] – [Fuel Type] – [Prior State]
Deficiency response	CTFP AFP Deficiency Response – [Org Name] – [Fuel Type] – [FPC Ref if known]
Annual Fuel Pathway Report	CTFP AFPR – [Org Name] – [FPC] – [Calendar Year]
Large-file request	CTFP AFP Large File Request – [Org Name] – [Fuel Type] – [Tier 2/CBI]
General AFP inquiry	CTFP AFP Inquiry – [Org Name] – [Topic]

Appendix B – Additional Facility Sheet

Attach one copy of this page for each additional production facility beyond the primary facility in Section 3.

Facility Name (Legal and Common) *	
Facility Owner *	
Facility Operator	
Facility Physical Address (Street, City, State, ZIP, Country)	
Latitude (decimal degrees)	
Longitude (decimal degrees)	
EPA Facility ID	
Facility Contact Name *	
Facility Contact Phone *	
Facility Contact Email *	

Fuel types and feedstocks at this additional facility:

Fuel Type	Feedstock	Production Process / Technology	Annual Capacity (units)

Appendix C – Additional Fuel Production Capabilities

Use this appendix if additional rows are needed beyond those provided in Section 4. Attach one copy of this page for each additional set of fuel and feedstock combinations.

Fuel Name	Feedstock	Production Process / Technology	Annual Capacity (units)

Appendix D – Modified NM-GREET Calculator Values

Use this appendix if additional rows are needed beyond those provided in the CI Calculator modifications table in Section 4. Required for Tier 1 and Tier 2 applications. Attach one copy of this page for each additional set of modified cell values.

Cell Reference	Cell Name / Description	Default Value	Modified Value

Appendix E – Additional Other-State Pathway Recertification

Use this appendix if additional other-state pathways are being recertified beyond those provided in Section 5. Attach one copy of this page for each additional other-state pathway being recertified from another state's clean fuel program (e.g., CARB LCFS, WA CFS, OR CFP).

Other-State Program *	Other-State Fuel Pathway Code (FPC) *
Other-State Certified CI (gCO ₂ e/MJ) *	Other-State Certification Date *

Description of Changes from Other-State Pathway

New Mexico Transportation Adjustment	
Updated NM-GREET calculator with NM transportation adjustments attached?	☐ Yes ☐ No

Required Attachments for This Other-State Pathway

Attachment / Document	Required	Included (□)
Other-state pathway package (application, determination letter, and CI calculation)	Required	☐
Other-state agency staff summary letter or equivalent determination document	Required	☐
Other-state verification reports (if pathway was verified in other state)	If applicable	☐
Updated NM-GREET calculator with NM-specific transportation adjustments (unlocked)	Required	☐
Engineering report if CI model modifications differ from other-state certification	If applicable	☐

* Required field