



Application for Basic Air Contaminant Discharge Permit
Autobody Repair or Painting Shops

FORM AQB-001
APPLICATION

FOR DEQ USE ONLY		
Permit Number:	Regional Office:	New
Application No:	Check number:	Renewal
Date Received :	Amount (\$):	Approved (date):
		Staff initials:

1. Company information:

Legal Name:	Other company name (if different than legal name):
Mailing Address:	Site Address (if different than mailing address):
City, State, Zip Code:	City, County, Zip Code:
Standard Industrial Classification (SIC)	Number of employees:

2. When did the company begin performing painting/coating at this location? (month/year) _____

3. Number of automobiles painted within the last calendar year: _____

4. Number of gallons of VOC containing paints used per month: _____

5. Number of employees who perform coating: _____

6. Pursuant to OAR 340-242-0620 does the facility:

a. Clean all spray equipment, including paint lines, in a device which: a) minimizes solvent evaporation during the cleaning, rinsing and draining operations; b) re-circulates solvent during the cleaning operation so the solvent is reused; and c) collects spent solvent to be available for proper disposal or recycling?
 Initial one and describe equipment and process: Yes: _____ No: _____

b. Only apply motor vehicle refinishing coatings by the following methods? a) High Volume Low Pressure equipment operated and maintained in accordance with the manufacturer's recommendations*; b) electrostatic application equipment operated and maintained in accordance with the manufacturer's recommendations*; c) dip coat application; d) flow coat application; e) brush coat application; f) roll coat application; or g) hand-held aerosol cans.
 Initial one and describe which methods are used: Yes _____ No _____

*If your facility is using HVLP spray equipment or electrostatic application equipment, do you maintain all equipment by manufacturer's documentation? Yes _____ No _____.

Do you have manufacturer's documentation on site and available? Yes _____ No _____



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7. Has the facility received any air quality/nuisance complaints within the last calendar year?
Yes (explain): _____ No: _____
8. What is the distance to the facility's nearest: a) home? _____; and b) business? _____.
9. Do you conduct sandblasting indoors and/or outdoors?
Yes (explain process): _____ No: _____
10. Does the facility have paint booths with filters?
Yes: _____ No: _____ If yes, number of Booths: _____ Number of Filters: _____
Are all coatings applied inside a booth or enclosure (at least 3 sides with a roof)? Yes: _____ No: _____
11. Do you paint outdoors? Yes: _____ No: _____
12. Do you have your NESHAP HHHHHH exemption approval letter on site? Yes: _____ No: _____
13. A Land Use Compatibility Statement must be submitted with applications for new permits.
14. Signature

<i>I hereby certify that the information contained in this application are true and correct to the best of my knowledge.</i>	
Name of official (Printed or Typed):	Title of official and phone number:
Signature of official:	Date:

Fee Information (Make checks payable to DEQ)

OAR 340-216-8020	New Permits	Permit Renewals
Initial permit application fee (Table 2, Part 1)	\$144.00	\$0.00
Annual fee (Table 2, Part 2)	\$432.00	\$0.00
TOTAL FEES	\$576.00	\$0.00

Submit two copies of the completed application to one of the following addresses:

New Permits (include fees):	Permit Renewals (no fees):
Oregon Department of Environmental Quality Financial Services - Revenue Section 700 NE Multnomah St., Suite 600 Portland, OR 97232-4100	Oregon Department of Environmental Quality Regional office listed on the cover page of your current permit.



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**FORM AQB-001
CONTACT SHEET**

1. Company Information:

Legal Name:	Other company name (if different than legal name):
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2. Site Contact Person: *(A person who deals with DEQ staff about equipment problems.)*

Name:	Telephone number:
Title:	Email address:

3. Facility Contact Person: *(A person involved with all environmental issues at the facility although they may be housed at a different site.)*

Name:	Telephone number:
Title:	Email address:

4. Mailing Contact Person: *(A person for which the company would like all agency communications directed.)*

Name:	Telephone number:
Title:	Email address:

5. Invoice Contact Person: *(Valid contact information to which invoices and communications related to resolving invoice questions can be directed.)*

Name:	Telephone number:
Title:	Email address: