

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

Form AQB-001
Application

DEQ Use Only		
Permit number:	Regional office:	
Application No:	Check number:	
New <input type="checkbox"/> Renewal <input type="checkbox"/>	Amount (\$):	Date Received:
Staff initials:	Approved date:	

1. Company information:

Legal Name:			Other company name (if different from legal name):		
Mailing Address:			Site Address (if different than mailing address):		
City:	State:	Zip Code:	City:	County (required):	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

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 [LUCS](#) must be submitted with applications for new permits.

14. Signature

I hereby certify that the information contained in this application are true and correct to the best of my knowledge.

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)	\$180.00	\$0.00
Annual fee (Table 2, Part 2)	\$648.00	\$0.00
Annual Cleaner Air Oregon fee	\$156.00	\$0.00
Total Fees	\$984.00	\$0.00

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

New or Modified Permits (include fees)

Oregon Department of Environmental Quality
Financial Services – Revenue Section
700 NE Multnomah St., Suite 600
Portland, OR 97232 - 4100

Permit Renewals (no fees) Select County:

Oregon Department of Environmental Quality

1. Company Information:

Legal Name:	Other company name (if different from legal name):
-------------	--

2. Site Contact Person: (A person who deals with DEQ staff about equipment problems.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

3. Facility Contact Person: (If other than the site contact person, a person involved with all environmental issues at the facility although they may be housed at a different site.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

4. Mailing Contact Person: (If other than the site contact person, a person to whom the company would like all agency communications directed.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

5. Invoice Contact Person: (If other than the site contact person, a contact to which invoices and communications related to resolving invoice questions can be directed.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	