

**Application for Basic Air Contaminant Discharge Permit
Surface Coating Operations**

**Form AQB-007
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. Number of gallons of VOC containing coatings used per month: _____

3. Has the facility received any air quality/nuisance complaints within the last calendar year?

Yes (explain): No:

4. Does the facility have paint booths with filters? Yes: No: If yes, how many? _____

5. Do you apply surface coatings outdoors? Yes: No:

6. A Land Use Compatibility Statement [LUCS](#) must be submitted with applications for new permits.

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| | |
|--|------------------------------------|
| 7. Signature | |
| I hereby certify that the information contained in this application is 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) | \$497.00 | \$0.00 |
| Annual Cleaner Air Oregon fee | \$151.00 | \$0.00 |
| Total Fees | \$828.00 | \$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 |

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**Form AQB-007
Contact Sheet**

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 | |