

**Application for General Air Contaminant Discharge Permit and Attachments  
Paint and Allied Products Manufacturing**

For DEQ Use Only			
Source Number:		Regional Office:	
Application No:		Check number:	
Initial assignment <input type="checkbox"/>	Re-assignment <input type="checkbox"/>	Amount (\$):	Date Received:

**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:
North American Industry Classification System (NAICS):			Number of employees:		

**2. General permit assignment:**

<input type="checkbox"/>	General permit - paint and allied product manufacturing, processing, using, or generating materials containing benzene, methylene chloride, or compounds of cadmium, chromium, lead, and/or nickel, in amounts greater than or equal to 0.1 percent by weight.	Annual Fee
Submit the following fee with your application.		\$2,333

**3. General permit attachment:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently assigned to a General Air Contaminant Discharge Permit for other non-paint and allied product manufacturing activities at your facility? If so, you may be assigned an attachment to your existing General Permit. Existing source number: _____
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**4. Signature:**

I hereby apply for permission to discharge air contaminants in the State of Oregon, as stated or described in this application, and certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Name of responsible official (printed or typed)	Title of responsible official and phone number
Signature of responsible official	Date

<b>Submit two copies of the completed application, <a href="#">A Land Use Compatibility Statement</a> and the applicable annual fee to:</b>
Oregon Department of Environmental Quality Financial Services – Revenue Section 700 NE Multnomah St., Suite 600 Portland, OR 97232 - 4100

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**1. Company Information:**

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