

# Annual Reporting Form: Autobody Repair or Painting Shops

Form AQRB-001

1. Permit Number: \_\_\_\_\_ 2. Reporting period: (calendar year): \_\_\_\_\_

**3. 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 (required)	Zip Code:

**4. Site Contact Person:**

Name:	Telephone number:
Title:	Email / Fax Number:

5. Number of automobiles painted within the last calendar year: \_\_\_\_\_  
 Number of gallons of paint used during the previous calendar year: \_\_\_\_\_
6. Please list any air quality/nuisance complaints received within the last calendar year? How were the complaints addressed? (If necessary, attach a separate page or write the information on the back of this form.)
7. I am currently in compliance with the motor vehicle refinishing requirements set forth in conditions 2.2 and 2.3 of the Basic Air Contaminant Discharge Permit: Yes  No
8. Include all other information required to be reported by your permit:

**9. Certifying Signature**

_____	_____
<b>Name of Responsible Official</b>	<b>Title of Responsible Official</b>
_____	_____
<b>Signature of Responsible Official</b>	<b>Date</b>

Submit reporting form to the appropriate Regional Office by selecting the county where the facility is located.

<b>Select County:</b>
Oregon Department of Environmental Quality