

# Annual Reporting Form: Surface Coating Operations

Form AQRB-007

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 gallons of VOC containing coatings used per year: \_\_\_\_\_

6. Please list any air quality/nuisance complaints received within the last calendar year? How were the complaints addressed?

7. By signing below, I hereby certify that I have personally examined and am familiar with the information submitted in this report and that the information contained in this report is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Name of Responsible Official

\_\_\_\_\_  
Title of Responsible Official

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Date

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