BAY AREA AIR QUALITY MANAGEMENT DISTRICT

# AUTOBODY FORM

- **This form replaces Data Form C & Data Form S.**
- **Use one form for each operation requiring a Permit to Operate.**
- **All fields are required unless otherwise noted. Please type or print.**

**Mail to:**
BAAQMD
Engineering Division
375 Beale St., Suite 600
San Francisco, CA 94105
Tel: (415) 749-8665

## 1. Facility Information

| Facility Name | BAAQMD Facility ID (Existing facility only) |
|---|---|
| | |
| Facility Address (Street address and city) | |
| | |

## 2. General Information

| Device/Operation Name (The name how you want the device to be identified) |
|---|
| |

| Device/Operation Description (Optional) |
|---|
| |

Is this device currently operating? ☐ Yes ☐ No

If yes, what was the initial date of operation? _____ (MM/DD/YYYY)

If no, what is the estimated startup date? _____ (MM/DD/YYYY)

Does this Auto Body coating operation ever use a dryer? ☐ Yes ☐ No

## 3. Material Used – List the annual solvent usage (estimate for new facilities).

| Name of solvent | Amount (Gallons/Year) |
|---|---|
| Total Auto Body Coatings | |
| Total Clean Up Solvents* | |

*If no clean up solvents are used, leave bank.

## 4. Payment – Submit payment with your forms.

Pay by credit card or check. Please make your checks payable to "BAAQMD". For credit card payments, fill out and submit a "Credit Card Payment Form" which is available on the BAAQMD website.

You will be invoiced separately for any adjustments. See BAAQMD Regulation 3, Schedule E for current fees.

## 5. Certification/Signature of person responsible for the information on this form.

This form contains confidential information. ☐ No ☐ Yes (If Yes, see instructions.)

***I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.***

| Name | Title | |
|---|---|---|
| | | |
| Signature | Date | Phone (xxx) xxx-xxxx |
| | | |

## BAAQMD Office Use Only – Skip this section

| Device ID | Emissions Train, if any |
|---|---|
| | |



An electronic version of this form and instructions can be found at www.baaqmd.gov.

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# Instructions: Autobody Form

**Introduction**

Use the following instructions to help guide you through the ***Autobody form***.

**Who should use this form?**

This form should be submitted for all requested physical changes proposed for your Autobody Facility. Some common physical changes include but are not limited to:

- Adding a spray booth
- Increasing solvent consumption

A ***Permit Application Cover form*** must accompany this form

**What activities at Autobody facilities do not require this form?**

The following activities at Autobody facilities do not require a permit application:

- Shutdown of a spray booth (please use the Facility Information Update form)
- Autobody facilities typically do not require CEQA or PSD analysis.

**Facility Information**

**BAAQMD Facility ID** - If you are an existing facility, fill out this field so that BAAQMD can associate your changes to your facility. The facility ID is available on your permit or invoice issued by BAAQMD.

**General Information**

**Device/Operation Name** – This is the name you associate to this spray booth.

**Initial/proposed date of operation** – For new construction, enter the date that you propose will be the initial date of operation. For a modification/alteration of an existing permitted Autobody source, enter the date that you propose the changes to occur. For an existing Autobodies that are not currently permitted by BAAQMD, enter the date for which the spray booth initially operated.

**Device or Operation Description** – This is your description of the device or operation. This field can be used to distinguish it with other similar devices (e.g. ID numbers, location), make, model and other similar information.

**Material Used**

List the amount of solvent used at the Autobody facility. For new facilities, use an estimate of anticipated solvent consumption.

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**Payment**

An Initial fee, Permit to Operate fee and Filing fee must be paid. Additional fees may apply and are subject to change. Please refer to Regulation 3, Schedule E – Fees for more details. The table below lists the most common fees depending on solvent and clean up solvent consumption:

**Coating Applied (gallons)/Clean up Solvent Consumption (gallons)**

| | **800/300** | **2000/300** |
|---|---|---|
| Initial Fee | $922 | $1584 |
| Permit to Operate Fee | $577 | $789 |
| Filing Fee | $489 | $489 |
| | TOTAL | TOTAL |
| | **$1988*** | **$2862*** |

* A Risk Screening Fee may apply for new and modified sources of toxic air contaminants for which a health risk screening analysis is required under Regulation 2-5-401.

Fees can be paid by check or credit card (Visa & Mastercard).

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**Still need help?**

Call the Engineering Division at (415) 749-8665.

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