

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

AUTOBODY FORM

- \triangleright ⊳
- This form replaces Data Form C & Data Form S. Use one form for <u>each</u> 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**

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Facility Name		BAAQMD Fa	cility ID (Existing facility only)	
Facility Address (Street address and city)				
2. General Information				
Device/Operation Name (The name how you want the device	e to be identified)			
	,			
Device/Operation Description (Optional)	·			
Is this device currently operating?	□ 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 dry	er? 🗌 Yes	🗌 No		
3. Material Used – List the annual solvent usage (e	estimate for new faciliti	es).		
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.				
The Air District will send an application invoice after this form is submitted and an application is				
entered.				
See BAAQMD Regulation 3, Schedule E for current fee	es.			
5. Certification/Signature of person responsibl	le for the information	on this form.		
This form contains confidential information.	□No □Yes	(If Yes, see in	structions.)	
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I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is and correct.				
Name	Title			
	inte			
Signature			Phone (xxx) xxx-xxxx	
	Date		- ()	

BAAQMD Office Use Only – Skip this section

Device ID	Emissions Train, if any



Instructions: Autobody Form

Introduction	Use the following instructions to help guide you through the <i>Autobody form</i> .	
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 <i>Permit Application Cover form</i> 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	Device/Operation Name – This is the name you associate to this spray booth.	
Information	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.	