Mail Application To: SCAQMD P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385

This form must be accompanied by a completed Application for a Permit to Construct/Operate -Form 400A, Form CEQA, Plot Plan and Stack Form

www.aqmd.gov

Permit to be issued to (Business name of operator to appear on permit):

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):

Fixed Location Various Locations

SECTION A: EQUIPMENT INFORMATION						
Equipment Type	Open Spray Spray	Booth				
	Type: Automotive	Bench Type I	Floor Type			
Spray Booth	Width: ft. i	n. Length: ft.	in. <b>Height:</b> fl	t. in.		
	Manufacturer: Model No.:					
Exhaust Fan	Number:	Rating: H.P.	Fan Diameter:	in.		
Exhaust Control	Manometer or Draft Gauge In	stalled? Yes	No			
Filters	Type of Material	No. of Filters	Width/Dia.	Length	Thickness	

Articles Sprayed	Aerospace Architectural	·		Motor Vehicle Group II up I Other (specify)			Plastic	Wood
Article Size (open spray)	Width: ft.	in. <b>Len</b>	gth: ft.	in.	Height:	ft.	in.	
Method of Application	Pressure Atomization (Airless)			atic gh Volume I ecify)	_ow Pressure)			
Gun Cleaning Method	Enclosed Gun Clo	eaning System	Manual W Other (sp	•				
Drying method	Air Dried Oven Dried or Ba	ked	Oven Heating Meth Built-in to Spr Separate Encl	ay Booth	Oven Ratii Electi Gas-F	ric	kW BTU/hr	
	*A separate permit is required if dryer or oven is external; If already permitted, provide:  Permit No. or Device No.							

## **SPRAY BOOTH/OPEN SPRAY**

	Type of Materials	voc	Vapor Pressure	Ave. Amt. Used	Max. Amt. Used	
Identify All Materials Applied	Type of Materials	lb/gal	MmHg @ 20 ºC	Gal/day	Gal/day	
	Enamel					
	Topcoat					
	Primer					Material Safety Data
	Sealer					Sheets (MSDS) for all coatings and solvents must be included. MSDS
	Stain					must include percentages of all components of
	Added Thinner					coating(s) and VOC content.
	Clean-up Solvent					
	Surface Prep. Solution					
	Resin, Gelcoat, or Lacquer					
	Varnish or Adhesive					
Operating Schedule	Normal:	hours/day	day	s/week	weeks/yr	
	Maximum:	hours/day	days/week weeks/yr			

SECTION C: APPLICANT CERTIFICATION STATEMENT							
I hereby certify that all information contained herein and information submitted with this application is true and correct.							
SIGNATURE OF PREPARER:	TITLE OF PREPARER:		PREPARER'S TELEPHONE NUMBER:				
			PREPARER'S E-MAIL ADDRESS:				
CONTACT PERSON FOR INFORMATION ON TH	CONTACT PERSON'S		DATE SIGNED:				
		TELEPHONE NUMBER:					
E-MAIL ADDRESS:		FAX NUMBER:					

## CONFIDENTIAL INFORMATION

Under the California Public Records Act, all information in your permit application will be considered a matter of public record and may be disclosed to a third party. If you wish to keep certain items as confidential, please complete the following steps:

- (a) Make a copy of any page containing confidential information blanked out. Label this page "public copy."(b) Label the original page "confidential." Circle all confidential items on the page.
- (c) Prepare a written justification for the confidentiality of each confidential item. Append this to the confidential copy.

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