



**FORM 400-E-15
PRINTING EQUIPMENT**

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

Tel: (909) 396-3385

www.aqmd.gov

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

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

Press Type	Flexographic Screen Other (specify):	Lithographic Letter Press	Gravure Inkjet
	Number of Color Stations:	Manufacturer:	Model No.:
Paper Feed Method	Sheet Web	Maximum Sheet/Web Width: in.	Maximum Speed: (specify unit)
Substrate Type	Porous Non-Porous Textile Coated Uncoated		

SECTION B: OPERATION INFORMATION

Product Description	Paper Packaging Reports Calendars Labels Plastic Packaging Inserts Brochures Publication Newspaper Magazines Other (specify)
Mode of Ink Drying	Air Dry Infrared Lamps or Electric Elements*: kW Natural Gas Fired*, Rating: Btu/hr Ultraviolet*: kW* *Is the drying or curing device permanently attached to the press? Yes No ¹ ¹ A separate permits is required.
Air Pollution Control (APC)	Is printing equipment vented to APC equipment? Yes ² No ² If yes, a separate permit is required.

	Type of Materials	VOC	Weight % Oil	Ave. Amt. Used	Max. Amt. Used		
		Lbs. VOC/gal.*	(Litho Ink)	Gal./day	Gal./day		
Identify All Materials Used in Association with this Equipment	Varnish, oil base					* less lbs. H2O & exempt solvents	
	Varnish, water base						
	Plastisol						
	Ink #1						
	Ink #2						
	Other:						
	Ink/Thinner Ratio						Material Safety Data Sheets (MSDS) for all coatings, inks and solvents must be included. MSDS must include percentages of all components and VOC content
	Ink Thinner						
	Vapor Pressure @20 °C (mm Hg)						
	Cleanup						
	Blanket Wash						
	Roller Wash 1						
	Roller Wash 2						
	Fountain Solution consisting of:						
	Water						
	Alcohol/Alcohol Substitute						
	Etch						
Other:							
Operating Schedule	Normal:	hours/day	days/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 THIS EQUIPMENT:		CONTACT PERSON'S TELEPHONE NUMBER:	DATE SIGNED:
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.