



**Office of Environmental Quality Control
Bureau of Air Quality
Registration Permit Request for Auto Body Refinishing Shops**

Please Refer To Definitions and Instructions Before Completing This Form

SHOP INFORMATION

1. Shop Name/Company Name:

2. Existing Air Permit Number (if applicable): -

3. Federal Identification No.:

4. Shop Physical Address:

City:	County:	Zip Code:
-------	---------	-----------

5. Shop Mailing Address (if different):

City:	State:	Zip Code:
-------	--------	-----------

6. Shop Owner's Name and Title (Responsible Official):

7. Shop contact for permit:

Primary Contact Phone No.: () -	Primary Contact Fax No.: () -	Primary Contact E-mail Address:
---	---	---------------------------------

ELIGIBILITY DETERMINATION

The following criteria statements will help the Bureau of Air Quality (BAQ) determine each shop's applicability to Subpart 6H, and if the shop meets the criteria to qualify for coverage under this registration permit.

8. Does the shop use solvents, coatings, and/or thinners that contain compounds of chromium (Cr), lead (Pb), manganese (Mn), nickel (Ni), or cadmium (Cd) as defined in 40 CFR 63, Subpart HHHHHH? Yes No

9. Does the shop use more than 3,100 gallons per year of solvents, coatings, and thinners, combined?
 Yes No

If the answer is YES, the shop does not qualify for coverage under the Registration Permit for Auto Body Refinishing Shops and must go through the standard permitting process.

10. Does the shop contain any of the following equipment:

- | | | |
|---|------------------------------|-----------------------------|
| a) Boiler (Horsepower: _____): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Air Make-Up Heaters (Horsepower: _____): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Generator (kW Rating: _____ Yearly Hours of Use: _____): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Outside Blasting: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Flares (Burn Off Ovens): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SIGNATURE

I certify, to the best of my knowledge and belief, that no applicable standards and/or regulations will be contravened or violated. I certify that any application form, report, or compliance certification submitted in this permit form is true, accurate, and complete based on information and belief formed after reasonable inquiry. I understand that any statements and/or descriptions, which are found to be incorrect, may result in the immediate revocation of any permit issued for this application. I understand that this permit form serves as the shop's official request for coverage under the Registration Permit for Auto Body Refinishing Shops.

11. Responsible Official's Signature:	Title/Position:	Date:
--	------------------------	--------------

DEFINITIONS AND INSTRUCTIONS

Shop Information

1. **Shop Name/Company Name:** The name under which this particular shop does business.
2. **Existing Air Permit Number:** The existing South Carolina Air Permit Number. If the shop is new or does not currently have a South Carolina Air Permit Number, leave this item blank. A number will be assigned by the BAQ.
3. **Federal Identification No.:** The nine-digit Federal Identification Number (FIN) or IRS Tax Identification Number as established by the U.S. Internal Revenue Service. This number is also known as Employer Identification Number (EIN), Federal Tax Identification Number (FTIN), or Taxpayer Identification Number (TIN). (<http://www.irs.gov/businesses/small/article/0,,id=98350,00.html>)
4. **Physical Address:** The physical location of the shop (Street or Highway).
 - **City:** The city of the shop's physical location.
 - **County:** The name of the county where the shop is physically located.
 - **Zip Code:** The zip code of the shop's physical location.
5. **Mailing Address:** The business address where the shop receives mail, if different from physical address.
 - **City:** The city where the shop receives mail.
 - **State:** The state where the shop receives mail.
 - **Zip Code:** The zip code where the shop receives mail.
6. **Shop's contact for permit:** A responsible company official for the shop listed above.
7. **Who should we contact regarding this permit?** The individual to contact regarding environmental matters for this shop. This individual can be a company employee.
 - **Primary Contact Phone No.:** The telephone number including area code where the primary contact can be reached.
 - **Primary Contact Fax No.:** (Optional) The telephone number including area code for the fax machine where correspondence may be communicated to the primary contact.
 - **Primary Contact E-Mail Address:** (Optional) The e-mail address for the primary contact.

Criteria Statements

8. Information about the shop's solvents, coatings, or thinners may be obtained from the Material Safety Data Sheets (MSDS), manufacturer's specifications, and/or paint vendors.
9. A shop that uses more than 3,100 gallons per year of solvents, coatings, and thinners, combined is considered a major source and must go through the standard permitting process in accordance with SC Regulation 61-62.1, Section II.
10. Indicate whether the shop contains any of the listed equipment. Include horsepower ratings for each boiler or air make-up heater.

Signature

11. Lack of signatures will cause the application to be deemed incomplete and will not be processed further. The shop owner (responsible official) shall certify that the information in the permit application is true, correct and complete. An environmental consultant does not fulfill the requirements of responsible official.

OFFICE MECHANICS AND FILING:

Send registration permit request form with original signatures and one copy of the signed form to: Engineering Services Division Director, Bureau of Air Quality, 2600 Bull Street, Columbia, South Carolina, 29201.