

# Antelope Valley Air Quality Management District

43301 Division Street, Suite 206, Lancaster, CA 93535-4649

661.723.8070 FAX 661.723.3450

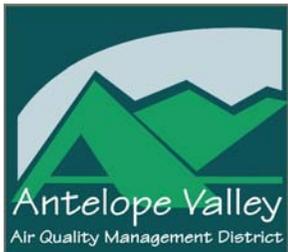
[www.avaqmd.ca.gov](http://www.avaqmd.ca.gov)

## Application for Spray Booth and Paint Spray Gun Only

Please type or print.

Please refer to Rule 301 for Application Filing Fee.

<b>1. Permit to be Issued to (name of company to receive permit):</b>		<b>1a. Federal Tax ID #:</b>			
<b>2. Mailing/Billing Address (for the above company name):</b>					
<b>3. Facility or Business Name on License (for equipment location):</b>					
<b>4. Facility Address/Location of Equipment (if same as company, enter "Same"):</b>		<b>Facility UTM or Lat/Long:</b>			
<b>5. Contact Name and Title:</b>	<b>E-mail Address:</b>	<b>Phone and Fax #<sup>s</sup>:</b>			
<b>6. Application is hereby made for the Authority to Construct (ATC) and Permit to Operate (PTO) the following equipment:</b>					
<b>7. Application is for:</b> <input type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		<b>*For modification or change of owner:</b> Current permit #:			
<b>8. Type of Organization (check one):</b> <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency					
<b>9. Distances (feet and direction to closest):</b> Fenceline _____ Residence _____ Business _____ School _____					
<b>10. General Nature of Business:</b>		<b>11. Principal Product:</b>			
<b>12. Facility Annual Throughput by Quarters (percent):</b> _____%    _____%    _____%    _____% Jan-Mar    Apr-Jun    Jul-Sep    Oct-Dec		<b>13. Expected Facility Operating Hours:</b> _____    _____    _____    _____ Hrs/Day    Days/Wk    Wks/Yr    Total Hrs/Yr			
<b>14. Do you claim Confidentiality of Data? (If yes, state nature of data in an attachment.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>15. Equipment Information:</b> Manufacturer: _____ Model #: _____    Serial #: _____ Booth Dimensions (specify units): <input type="checkbox"/> Open Spray <input type="checkbox"/> Automotive Booth <input type="checkbox"/> Bench Type Booth <input type="checkbox"/> Floor Type Booth Exhaust fan (if present): Rating (hp): _____    Fan Diameter (inches): _____ Manometer across exhaust filters? <input type="checkbox"/> Yes <input type="checkbox"/> No    Minimum Pressure Drop (in inches of water): _____					
<b>16. Filters:</b>					
	<b>Type and Material</b>	<b>Number</b>	<b>Width</b>	<b>Length</b>	<b>Thickness</b>
<b>Inlet</b>					
<b>Exhaust First Stage</b>					
<b>Exhaust Second Stage</b>					
<b>Exhaust Third Stage</b>					



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### 17. Application:

Article Sprayed (check all that apply):

- Aerospace  
  Architectural  
  Metal  
  Plastic  
  Composite  
  Wood  
  Motor Vehicle (Group I)  
  Motor Vehicle (Group II)

Other (specify): \_\_\_\_\_

Minimum size of articles sprayed (feet): Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_

Method of Application (check all that apply):

- Air Atomization  
  Pressure Atomization (airless)  
  Combined Air and Airless  
  Electrostatic

High Volume Low Pressure (HVLP)  
 Hand  
 Other (specify): \_\_\_\_\_

Gun or Spray Cleaning Method:  
 Enclosed Gun Cleaning System  
 Open Flush  
 Manual Wipe

Other (specify): \_\_\_\_\_

### 18. Disposition:

- Air Dried  
 Oven Dried, Baked, or Cured

If Oven Dried, Baked, or Cured, specify:  
 Part of Booth  
 Separate Enclosure

Oven (if present) is:  
 Gas Fired  
 Electric  
 Rating and Max T (specify units): \_\_\_\_\_

### 19. Materials Applied:

Type	VOC Content	Vapor Pressure	Maximum Use	
	lb/gal or gm/liter	mmHg @ 20° C	gal/l per day	gal/l per year
Enamel				
Topcoat				
Primer				
Sealer				
Stain				
Added Thinner				
Clean-up Solvent				
Surface Preparation Solution				
Other				
Other				

Signature of Responsible Official:

Official Title:

Typed or Printed Name of Responsible Official:

Phone Number:

Date Signed:

Official Use Only