

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

BRAD POIRIEZ, EXECUTIVE DIRECTOR

14306 Park Avenue, Victorville, CA 92392-2310

760.245.1661 • Fax 760.245.2022

Email: engineering@mdaqmd.ca.gov

www.MDAQMD.ca.gov • @MDAQMD



Application for spray booth and/or paint spray gun only

Remit **\$288.00** with this document (\$164.00 for change of owner)

PLEASE TYPE OR PRINT

Section 1: Owner information

| | | | | |
|---|--|--------|--------------------------------|--------|
| a. Permit to be issued to (company name): | | | b. Federal tax ID #: | |
| c. Mailing/billing address (for above company name) include city, state and zip code: | | | | |
| d. Facility or business license name (for equipment location): | | | | |
| e. Facility Address — Location of equipment (if same as for company, enter "Same"): | | | Equip. coordinates (lat/long): | |
| f. Contact name: | | Title: | Email address: | Phone: |
| General nature of business: | | | Company NAICS: | |
| Type of Organization <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 | | | | |

Section 2: Nature of application

| | |
|---|---|
| Application is hereby made for the following equipment: | |
| Application is for what type of permit: <input type="checkbox"/> New construction <input type="checkbox"/> Modification <input type="checkbox"/> Change of owner | For modification or change of owner: _____ Current Permit Number |
| Do you claim Confidentiality of Data? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach explanation; specify which information provided is confidential) | |

Section 3: Operation information

| | |
|--|--|
| Facility annual operation by quarters (percent): <input type="checkbox"/> Uniform OR _____ % Jan-Mar _____ % Apr-Jun _____ % Jul-Sep _____ % Oct-Dec | Expected operating hours of equipment _____ Hrs/day _____ Days/wk _____ Wk/yr Total annual hours _____ |
|--|--|

Section 4: Equipment information

| | | |
|---|--------------|---|
| Manufacturer: _____ | Model: _____ | Serial No.: _____ |
| Booth dimensions (specify units): W _____ by L _____ by H _____ | | |
| <input type="checkbox"/> Open spray (gun) <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: _____ inches H2O |

Section 5: Filters information

| | Type and material | Number | Width | Length | Thickness |
|----------------------|-------------------|--------|-------|--------|-----------|
| Inlet | _____ | _____ | _____ | _____ | _____ |
| Exhaust first stage | _____ | _____ | _____ | _____ | _____ |
| Exhaust second stage | _____ | _____ | _____ | _____ | _____ |
| Exhaust third stage | _____ | _____ | _____ | _____ | _____ |

-For District use only-

| | | | |
|---------------------|-----------------|----------------|--------------------------|
| Application number: | Invoice number: | Permit number: | Company/facility number: |
|---------------------|-----------------|----------------|--------------------------|

Section 6: Application information

Article sprayed (check all that apply): Aerospace Architectural Metal Plastic Composite Wood
 Motor vehicle 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): _____

Gen or spray system cleaning method: Enclosed gun cleaning system open flush manual wipe Other, (specify): _____

Section 7: Disposition

Air dried oven dried, baked or cured (specify below) Part of booth Separate enclosure
 Oven (if present) is: Gas-fired Electric Maximum heat input (Btu/hr): _____

Section 8: Materials information

Please include the MSDS for each coating and solvent to be used with the application submission.

| Type | VOC content lb/gal or gm/liter | Vapor pressure mmHg @ 20° | Maximum use gal/l per day | Maximum use gal/l per year |
|------------------------------|-----------------------------------|------------------------------|------------------------------|-------------------------------|
| Enamel | _____ | _____ | _____ | _____ |
| Topcoat | _____ | _____ | _____ | _____ |
| Primer | _____ | _____ | _____ | _____ |
| Sealer | _____ | _____ | _____ | _____ |
| Stain | _____ | _____ | _____ | _____ |
| Added Thinner | _____ | _____ | _____ | _____ |
| Clean-up solvent | _____ | _____ | _____ | _____ |
| Surface preparation solution | _____ | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ | _____ |

Section 9: Receptor information

Distance (feet) and direction to the property line of closest: _____ residence _____ business _____ school
 Name of closest school (K-12) _____

If the proposed equipment operates within 1,000 feet of a school site and operation results in the emission of hazardous air pollutants, a public notice will be required at the expense of the applicant (CH&S §42301.6)

***Please note:** District staff may contact you for further information. Failure to provide additional information as requested in a timely manner may result in delays in the processing of this permit application.

Section 10: Certification

I hereby certify that all information contained herein is true and correct.

| | | | |
|------------------------------|----------------|-----------------------------------|-------------|
| _____ | _____ | _____ | _____ |
| Name of responsible official | Official title | Signature of responsible official | Date signed |
| Phone: _____ | Email: _____ | | |

Application submission instructions:

- 1) Submit completed application to Engineering@mdaqmd.ca.gov
- 2) Pay the corresponding application fee of \$288 per permit for new or modified permit (or \$164 for change of owner) via check or credit card.

Payment by check:

Make check payable to the Mojave Desert AQMD
 Mail the check with a copy of this completed application to:

Mojave Desert AQMD
 14306 Park Avenue
 Victorville, CA 92392

Payment by credit card:

Pay online at <http://www.mdaqmd.ca.gov>
 Click "Pay Fees"

Please note: *a surcharge applies for all credit card payments.*

- 3) If payment is made online via credit card, please email the receipt to Engineering@mdaqmd.ca.gov
 Should you have any additional questions, please, do not hesitate to contact the permitting division at 760-245-1661, or via email at engineering@mdaqmd.ca.gov