

**STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL
AIR POLLUTION CONTROL PERMIT APPLICATION**

AQM-11
Page 1 of 2

APPLICATION FOR PERMITTING AUTOBODY SHOPS

*Attach any additional information (manufacturer specifications, MSDS, etc.)
Include Drawings of All Equipment. Use additional pages if necessary*

DEPARTMENT USE ONLY

1. Name of Auto Body Shop		2. Date of Application		Permit Number
3. Physical Location (Street Address) City County Zip Code		4. Mailing Address City County Zip Code		
5. Name of Owner	6. Name of Person Signing This Application	7. Title of Person Signing This Application		8. Telephone

9. Is a Copy of the Applicant Background Information Questionnaire on Record at the Department? <i>(required for new permit applicants only)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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10. **Provide the make and model of the ventilated sander** used at your shop. Attach a manufacturer's specification or vendor data sheet.

Ventilated Sander (MAKE) _____ (MODEL) _____

11. **Provide the number of spray booths** at your shop and the make and model of each spray booth.

Number of Spray Booths _____ Make/Model _____

The manufacturer's specification or vendor data sheet should provide the following information at a minimum:

(1) Dimensions of the spray booth, _____

(2) Stack exhaust exit velocity (fps) or exhaust flow rate (acfm) from the spray booth, _____

(3) Stack height (from grade) and diameter of the spray booth exhaust stack, _____

(4) Removal efficiency of the filters used in the spray booth, and _____

(5) Recommended pressure drop across the filters used in the spray booth. _____

(6) Distance of exhaust stack to nearest property line in feet (ft), _____

Attach a manufacturer's specification or vendor data sheet. Attach additional pages as needed.

12. **Provide the number of spray guns or other coating applicators** used at the shop along with the make and model of each. Attach a manufacturer's specification or vendor data sheet.

MAKE: _____ MODEL: _____ Tip size (mm): _____ Flow Rate (g/s or oz/min): _____

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AQM-11
Page 2 of 2

13. **Provide a list** (or attach additional pages as needed) of all of the coatings, reducers, catalysts, surface preparation products, and cleanup solvents used in the shop. Attach a Material Safety Data Sheet and Certified Product Data Sheet for each material and most recent 12-month VOC usage report from your coating supplier.

Coating(s) _____

Reducer(s) _____

Catalyst(s) _____

Surface Preparation Product _____

Cleanup Solvents _____

Other _____

14. **Attach a shop plot plan or diagram** or draw one here describing the location of your spray booths and stacks. Include the distance to your nearest neighbor or property line (in feet).

I, the undersigned, hereby certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all of its attachments as to the truth, accuracy, and completeness of this information. I certify based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete. By signing this form, I certify that I have not changed, altered, or deleted any portions of this application. I acknowledge that I cannot commence construction, alteration, modification or initiate operation until I receive written approval (i.e. permit, registration, or exemption letter) from the Department. I acknowledge that I may be required to perform testing of the equipment to receive construction or operation approval, and that if I do not receive approval to construct or operate that I can appeal the decision.

Owner or Authorized Agent

Signature of Owner or Authorized Agent

Date

Please submit this application and required fees to:

Department of Natural Resources and Environmental Control

Division of Air Quality

Attention: Penny Gentry

State Street Commons

100 W. Water Street / Suite 6A

Dover, DE 19904

Make checks payable to: State of Delaware