

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**  
 14306 Park Avenue, Victorville, CA 92392-2310  
 (760) 245-1661 Facsimile: (760) 245-2022

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**Eldon Heaston**  
 Executive Director

**APPLICATION FOR SPRAY BOOTH AND PAINT SPRAY GUN ONLY**

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REMIT \$261.00 WITH THIS DOCUMENT (\$149.00 FOR CHANGE OF OWNER)

|  |                 |  |                          |
|--|-----------------|--|--------------------------|
| 1. Permit To Be Issued To (company name to receive permit):  |                 | 1a. Federal Tax ID No.:  |                          |
| 2. Mailing/Billing Address (for above company name):   |                 |  |                          |
| 3. Facility or Business License Name (for equipment location):   |                 |  |                          |
| 4. Facility Address - Location of Equipment (if same as for company, enter "Same"):  |                 | Facility UTM or Lat/Long:  |                          |
| 5. Contact Name/Title:   | Email Address:  | Phone/Fax Nos.:  |                          |
| 6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment:  |                 |  |                          |
| 7. Application is for:   |                 | For modification or change of owner:   |                          |
| <input type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*   |                 | *Current Permit Number: _____  |                          |
| 8. Type of Organization (check one):   |                 |  |                          |
| <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 |                 |  |                          |
| 9. Distances (feet and direction to closest):  |                 |  |                          |
| _____ Fenceline            _____ Residence            _____ Business            _____ School   |                 |  |                          |
| 10. General Nature of Business:  |                 | 11. Principal Product:   |                          |
| 12. Facility Annual Throughput by Quarters (percent):  |                 | 13. Expected Operating Hours:  |                          |
| _____ %            _____ %            _____ %            _____ %<br>Jan-Mar    Apr-Jun    Jul-Sep    Oct-Dec   |                 | _____ Hrs/Day            _____ Days/Wk            _____ Wks/Yr            _____ Total Hrs/Yr |                          |
| 14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                 |  |                          |
| 15. Signature of Responsible Official:   |                 | Official Title:  |                          |
| Typed or Printed Name of Responsible Official:   |                 | Phone Number:  | Date Signed:             |
| - For District Use Only -  |                 |  |                          |
| Application Number:  | Invoice Number: | Permit Number:   | Company/Facility Number: |

## MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT SPRAY BOOTH AND PAINT SPRAY GUN APPLICATION, continued

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**16. EQUIPMENT INFORMATION:**

Manufacturer: \_\_\_\_\_  
 Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Booth Dimensions (specify units): W: \_\_\_\_\_ by L: \_\_\_\_\_ by H: \_\_\_\_\_  
 Open Spray (Gun)     Automotive Booth     Bench Type Booth     Floor Type Booth  
 Exhaust Fan (if present): Rating (hp): \_\_\_\_\_ Fan Diameter (inches): \_\_\_\_\_  
 Manometer across exhaust filters?  Yes  No Minimum Pressure Drop (in inches of water): \_\_\_\_\_

| 17. FILTERS:         | Type and Material | Number | Width | Length | Thickness |
|----------------------|-------------------|--------|-------|--------|-----------|
| Inlet                | _____             | _____  | _____ | _____  | _____     |
| Exhaust First Stage  | _____             | _____  | _____ | _____  | _____     |
| Exhaust Second Stage | _____             | _____  | _____ | _____  | _____     |
| Exhaust Third Stage  | _____             | _____  | _____ | _____  | _____     |

**18. 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 System Cleaning Method:  
 Enclosed Gun Cleaning System     Open Flush     Manual Wipe     Other (specify): \_\_\_\_\_

**19. DISPOSITION**

Air Dried     Oven Dried, Baked or Cured, specify:  Part of Booth     Separate Enclosure  
 Oven (if present) is:  Gas Fired     Electric    Rating and max T (specify units): \_\_\_\_\_

**20. MATERIALS APPLIED**

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