

EMISSION
YEAR
20 _ _

AUTO BODY SHOP - REQUEST FOR EXEMPTION
Air Toxic 'Hot Spots' Fees
MACT 40 CFR 63 subpart HHHHHH (6H)
COMPANY NO. |_|_|_|_|_| FACILITY NO. |_|_|_|_|_|

FORM
AB - Ex
SIDE 1

A. FACILITY DATA

Facility Name

Address of Location

City

Zip Code

Facility SIC:

Number of Employees

Web Site Address

B. CONTACT PERSON

Name of Contact Person

Title

Telephone Number

FAX Number

E-Mail Address

C. MAILING ADDRESS DATA

Company Name

Mailing Address

City

State ZIP Code

Attention

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COMPANY NO. |_____| FACILITY NO. |_____|

FORM
AB - Ex
SIDE 2

D. Answer all following questions to request an exemption from the Air Toxic 'Hot Spots' Fees for an auto body

QUESTIONS		ANSWER		
1	Does the most recently submitted a Comprehensive Emission Inventory Report (CEIR) for this facility show that the Total Organic Gases (TOG) emissions were less than 10 tons per year? If yes, what was last year's annual emission rate for TOG? _____ tons/year	YES	NO	
2	Does this facility use any strippers, coatings and/or solvents that contain any of the following list substance and their compounds? (If you are not sure, check with your supplier.) If yes, check each substance that is used by	Cadmium (Cd)	YES	NO
		Chromium (Cr)	YES	NO
		Hexavalent Chromium (Cr ⁺⁶)	YES	NO
		Lead (Pb)	YES	NO
		Manganese (Mn)	YES	NO
		Methylene Chloride (dichloromethane) (CH ₂ Cl ₂)	YES	NO
		Nickel (Ni)	YES	NO
		Perchloroethylene (Perc)	YES	NO
Trichloroethylene (TCE)	YES	NO		
3	Does this facility use any solvents, cleaners, primers, coatings, etc. that contain organic volatiles outside of a spray booth? If yes, answer both A & B below: A. What is the distance from the outside area where you use volatile containing materials to the nearest receptor? _____ Distance in Feet B. What is the direction (N, NE, E, SE, S, SW, W, NW etc.) to the nearest receptor? _____ Direction C. What is the type of receptor, such as resident, school, another business, etc? _____ Type of receptor	YES	NO	
4	What is the direction of exhaust gas flow from the stack on the spray booth? <input type="checkbox"/> Vertical (↑) <input type="checkbox"/> Horizontal (→) <input type="checkbox"/> Other (describe)			
5	If the stack is vertical, does it have a "rain cap" or similar device that diverts the exhaust flow away from vertical?	YES	NO	

E.	Request to be exempted from MACT title 40 CFR 63 subpart HHHHHH (6H)		
	This facility thereby request to be exempted from the requirements of Title 40 CFR 63 subpart HHHHHH entitled "Paint Stripping and Miscellaneous Surface Coating Operations at Area Sources" because this facility does not use any coatings or solvents that, per the MSDS, contain any of these substances: cadmium, chromium, lead, manganese, methylene chloride and/or nickel.	YES	NO

F. **CERTIFICATION**
(Please print or type)

I, _____, a responsible official of
(Name of Official)

_____, hereby certify that, based
(Name of Facility)

upon information and belief formed after reasonable inquiry, the above and attached information is true, accurate and complete. Executed this _____ day of _____, _____
(Day) (Month) (Year)

at _____.
(County and State)

(Signature)

(Name and Title)