

Initial Notification/Compliance Certification
For Paint Striping and Miscellaneous Surface Coating Operations
Area Source Rule
40 CFR Part 63 Subpart HHHHHH (Parts 63.11169 – 63.11180)

Please review the instruction sheet before completing this form.

Identify the Type of Notification Being Made (please check all that apply)

Initial Notification Compliance Certification Notification Annual Change Notification

Part A – Initial Notification

A.1 Company Information

Company Name:	Telephone Number:
Mailing Address:	Fax Number:
City:	State: CA Zip:

Please check whether the source is a new or existing source
(refer to instruction page for definitions): New Source Existing Source

A.2 Owner/Operator Information (*if different from above*)

Company Name:	Telephone Number:
Mailing Address:	Fax Number:
City:	State: CA Zip:

Please check whether the person listed above is the
Owner or operator of the area source: Owner Operator

A.3 Facility Location Information (*if different from above*)

Company Name:	Telephone Number:
Mailing Address:	Fax Number:
City:	State: CA Zip:

Is the source a motor vehicle or mobile equipment surface coating operation that repairs vehicles at the customer's location, rather than at a fixed business? Yes No

If you checked **Yes** above, please provide the physical location or address of records: _____

A.4 Identification of Regulatory Standard

I understand that I am subject to 40 CFR Part 63 Subpart HHHHHH, National Emissions Standards for Hazardous Air Pollutants for Miscellaneous Surface Coating Operations at Area Sources.

Please Initial Here: _____

A.5 Type of Surface Coating Operation

Complete the information below for Surface Coating Operation (check all boxes that apply):

Motor vehicle or mobile equipment surface costing operation

Miscellaneous surface coating operation

Number of spray Booths: _____ Number of preparation stations: _____ Number of painters typically employed: _____

A.6 Description of Paint Stripping Operations (if applicable)

Describe the paint stripping methods used (check all that apply)

Chemical

Mechanical

Other (please describe): _____

Describe the types of substrates that are stripped (check all that apply)

Wood

Plastic

Metal

Other (please describe): _____

A.7 Methylene Chloride Use in Paint Stripping Operations

a. Is Methylene Chloride (MeCl) used on site? Yes No

b. If you checked **Yes** above, do you plan to use or have you used more than 1 ton of MeCl? Yes No

c. If you checked **Yes** above, are you currently implementing a MeCl Minimization Plan? Yes No

Part B – Notification of Compliance Status

B.1 Compliance Status

Please check the appropriate box concerning compliance status with regulations. For paint stripping operations, the relevant requirements that you must evaluate in making this determination are specified in 40 CFR Part 63.11173(a) through(d). For surface coating operations, the relevant requirements are specified in 40 CFR Part 63.11173(e) through (g).

- a. The source is currently in compliance with each of the relevant requirements
- b. The source will be in compliance with each of the relevant requirements by the compliance date
- c. The source is currently not in compliance with the relevant requirements

B.2 Change in Compliance Status

If you checked box B.1.c. above, please provide an explanation below of the noncompliance and describe corrective actions being taken to achieve compliance (attached a separate sheet if necessary).

B.3 Compliance Certification Statement

I certify, under penalty of law, to the truth, accuracy, and completeness of the information provided in this notification.

_____ Signature of Certifying Official	_____ Date
_____ Printed Name of Certifying Official	_____ Title

B.4 Certification of Compliance with Methylene Chloride Minimization requirements

I certify, under penalty of law, that the facility's paint stripping operation has developed and is implementing a written Methylene Chloride Minimization Plan in accordance with 40 CFR Part 63.11173(b).

_____ Signature of Certifying Official	_____ Date
_____ Printed Name of Certifying Official	_____ Title