

This form may be used to meet the Initial Notification requirements of Subpart HHHHH. (Please fill out a separate form for each location you are certifying)

1.	Company Name (if applicable):				
2.	Street address (physical location) of your operation or facility:				
	Street	City	State	Zip	
3.	Mailing address (if different from #2 above):				
	Street	City	State	Zip	
4.	Information about the owner, operator or other certifying company official who will be signing this fo				
	Certifying Official's Name (Please print):		Owner? Ye	s 🗌 No 🗌	
	If not the owner, please provide your title:				
	Telephone number: () -				
	Email:				
5.	Does this standard apply to your operation(s)?				
	☐ Yes, I am subject to 40 CFR Part 63 Subpart HHHH Pollutants: Paint Stripping and Miscellaneous Surface 0				
6.	A brief description of the type of surface coating operation you have: (Check one or both and provide information)				
	Motor vehicle (cars, trucks, etc.) or mobile equipment (trailers, agricultural equipment, anything that can be driven				
	<ul> <li>or pulled on the roadway)</li> <li>Miscellaneous (coating of miscellaneous parts or pr</li> <li>a. Number and type of spray booths at this location:</li></ul>		,		

b. Number of preparation stations at this location and types of items sprayed here:

c. Number of employees that apply spray coatings: \_\_\_\_

## A brief description of the type of paint stripping operations you have:

Methods of paint stripping employed (check all that apply)

- □ Chemical
- □ Mechanical
- □ Other (please describe):

## Substrates stripped (check all that apply)

- Plastic
- Metal
- $\Box$  Wood
- Other (please describe):

7.	you operate a mobile spray coating operation? Yes No Solution No Solution of surface coatings to vehicles is performed at your tomer's location, rather than at a fixed location)			
8.	e compliance records located at the same location? Yes No No no not not not not not not not not not			
9.	Jse of methylene chloride (MeCI) in your paint stripping operations:			
	<ul> <li>a. Do you currently use, or do you plan to use more than 1 ton of MeCl annually? Yes No</li> <li>b. If yes, have you developed a written MeCl minimization plan as specified in 40 CFR Subpart HHHHHH, 63.11173(b)? Yes No</li> </ul>			
10.	Gallons purchased / used         Primer:         Base Coat:         Clear Coat:         Solvents: (excluding MeCl)         MeCl:			
11.	Are you a new or existing business?         I was actively involved in paint stripping and/or surface coating activities         Before September 17, 2007 (existing)         On or After September 17, 2007 (new)			
12.	<ul> <li>Compliance date The date you are required to be in compliance with the NESHAP (your compliance date) is based on the box you checked above and your initial start-up date. Initial startup: the first time equipment is brought online in a paint stripping or surface coating operation, or paint stripping or surface coating is first performed. (You must check one) I am a new source and my initial startup was on or after January 9, 2008. Date of start-up:</li></ul>			
	iour compnance date is January 10, 2011.			

I certify, under penalty of law that the information on this notification form is true, accurate and complete to the best of my knowledge.

Signature:

Date:

Please complete this form on-line, print, sign, and submit to: NWCAA 1600 S. 2<sup>nd</sup> St

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1600 S. 2<sup>nd</sup> St. Mount Vernon, WA 98273