



1600 South Second Street
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Spray Coating Permit application

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Submit this form along with a completed [general permit application](#)

SECTION A: Facility information

Facility name: _____

Products being coated:

Wood Motor vehicles Other, (describe): _____

Workshift hours:

From _____ to: _____

Working days:

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SECTION B: Equipment information

Types of spray coating area	Number of Units	Size (L x W x H, in feet)	Fan exhaust rate (cubic feet per minute)	Heated to bake coating or speed drying?
<input type="checkbox"/> Spray booth/room				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Prep area				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Outside spray area				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (explain):				<input type="checkbox"/> Yes <input type="checkbox"/> No

Exhaust: Manometer or pressure gauge installed?: Yes No

Exhaust overspray control (EITHER #1 or #2):

1. Dry filter: Make and model #: _____ (attach technical specification sheet)

Filter removal efficiency (%): _____

2. Water wash system: Flow meter installed: Yes No Water flow rate: _____ gal/min

Building (where spray coating takes place): Height: _____ ft Width: _____ ft Length: _____ ft

Spray guns:

High volume low pressure (HVL) Electrostatic Other:

Make and model #: _____

How do you clean your spray guns? (describe): _____

Do you use methylene chloride to strip dried coatings? Yes No



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SECTION C: Coatings and solvents

1. List **MAXIMUM** monthly use of ALL coatings (i.e primers, topcoats, stains, additives, etc.) and solvents.
2. Attach Safety Data Sheets (SDSs) or Environmental Data Sheets (EDSs) for each product listed
3. Use additional pages if needed.

Type: Primer, topcoat, stain, solvent, etc.	Product Name	Max use (gal/month)	Either attach SDS/EDS or list website to download
			Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Website: _____
			Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Website: _____
			Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Website: _____
			Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Website: _____
			Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Website: _____
			Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Website: _____
			Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Website: _____
			Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Website: _____

Review SDSs. Do coatings contain cadmium, chromium, lead, nickel or manganese? Yes No

If yes, coating name(s): _____

If no, and apply coatings to metal or plastic, complete the following form: [6 H Notification Compliance and/or Exemption](#)

SECTION D: Signature

I certify, based on information and belief formed after reasonable inquiry, the statements and information in this application are true, accurate and complete.

Applicant name or authorized representative

Title

Signature

Date