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Registration for Spray Coating Operations

Failure to register may result in enforcement action, including civil penalties under NWCAA Regulation 133.

SECTION A: Facility information

Year established: _____ Facility NAICS code: _____

Facility name: _____		Facility phone: _____		
Facility address: _____				
City: _____	State: _____	ZIP: _____		
Mailing/Billing address (if different): _____				
City: _____	State: _____	ZIP: _____		
Facility owner: _____		Owner address: _____		
City: _____	State: _____	ZIP: _____		

Contact name	Title	Phone	Cell	Email

Types of products being coated: ☐ Aerospace ☐ Motor vehicles ☐ Wood furniture
☐ Other, describe: _____
 Workshift days: ☐ SU ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ SA Workshift hours: From: _____ To: _____

SECTION B: Equipment information

Include information for any other process equipment (i.e. abrasive blasting, sanding, or dust collectors)

Types of spray coating area	Number of units	Dimensions of enclosure (ft)	Exhaust Rate (cfm)	Date of installation	Manufacturer make and model number
<input type="checkbox"/> Spray booth/room					
<input type="checkbox"/> Prep area					
<input type="checkbox"/> Outside spray area					
<input type="checkbox"/> Other (explain):					

Attach technical specification sheet(s) for the equipment.

Exhaust system overspray control:

- ☐ Dry filter system: Make and model number of filters: _____
 Filter removal efficiency: _____ % Manometer or differential pressure gauge installed: ☐ Yes ☐ No
- ☐ Water wash system: Flow meter installed: ☐ Yes ☐ No Water flow rate: _____ gal/min

Type of exhaust stack rain cap: ☐ Hexagonal ☐ Stack-in-a-stack ☐ Hinged ☐ Inverted cone ☐ Other _____

See document "[Stack and Rain Guard Requirements](#)" under Spray Coating General Toolkit

Exhaust stack: distance from roof to top of stack: (in feet): _____ Exhaust stack: diameter in inches: _____

Types of spray equipment:

- ☐ Air assisted airless ☐ Airless ☐ Conventional air spray
☐ Electrostatic ☐ High volume low pressure ☐ Low volume low pressure
☐ Other: (Make and model number) _____

Gun cleaning method: ☐ Enclosed ☐ Manual ☐ Other: (explain) _____

SECTION C: Emissions estimation worksheet

Provide total gallons used from the previous calendar year for the following products.

	Gallons per year
Primer	
Base coat	
Clear coat	
Other (explain) _____	

Do you use any spray coatings that contain Cr, Pb, Mn, Ni, Cd or organic chlorinated solvents i.e. methylene chloride?

☐ Yes ☐ No _____ initial. **If No skip to section D.**

If yes complete the table below for each product that contains (Cr, Pb, Mn, Ni, Cd or organic chlorinated solvents). Attach Material Safety Data Sheets (MSDS) or Environmental Data Sheets (EDS) for **only** the products listed. Include usage from the **previous**

Type: Primer, paint, solvent, additive, etc.	Product identification USE ADDITIONAL PAGES IF NECESSARY	Usage from the previous calendar year	Contains metal: Cr, Pb, Mn, Ni, or Cd. or organic solvents (i.e. methylene chloride)	MSDS/EDS Attached?
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

SECTION D: Signature

☐ I do hereby certify that the information contained in this registration form and supplemental data described herein is to the best of my knowledge, accurate and complete

Applicant name or authorized representative

Email

Date

If you have any questions or need assistance please do not hesitate to call us at 360-428-1617.

NWCAA Office Use Only

Database ID#: _____ Registered source type: _____ County/Portable/Temp: _____

ROUTING

1. Admin intake - Stratus database: ☐ Contact info added ☐ Created digital folder ☐ Equipment added

2. Supervisor for review and inspector assignment: Inspector: _____ Supervisor initials: _____ Date: _____

3. Inspector perform initial inspection and send form to finance for billing.

Notes: