

**STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL  
AIR POLLUTION CONTROL PERMIT APPLICATION**

AQM-11  
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**APPLICATION FOR PERMITTING AUTOBODY SHOPS**

Attach all additional information (manufacturer specifications, MSDS, diagrams, etc.). Attachments may be submitted electronically.

**DEPARTMENT USE ONLY**

1. Name of Auto Body Shop		2. Date of Application		Permit Number	
3. Physical Location (Street Address)		City	County	Zip Code	Received Stamp
4. Mailing Address		City	County	Zip Code	
5. Name of Owner	6. Name of Person Signing This Application	7. Title of Person Signing This Application	8. Telephone		

9. A current Environmental Permit Application Background Statement is necessary in order to complete this application. Please check the corresponding box below:

- An Environmental Permit Application Background Statement is attached.
- An Environmental Permit Application Background Statement has been submitted within the last 5 years.

10. **Provide the make and model of the ventilated sander** used at your shop. Attach a manufacturer's specification or vendor data sheet. Attachments may be submitted electronically.

Ventilated Sander (MAKE) \_\_\_\_\_ (MODEL) \_\_\_\_\_

11. **Provide the number of spray booths** at your shop and the make and model of each spray booth.

Number of Spray Booths \_\_\_\_\_ Make/Model \_\_\_\_\_

The manufacturer's specification or vendor data sheet should provide the following information at a minimum:

- (1) Dimensions of the spray booth (HxWxD), \_\_\_\_\_
- (2) Stack exhaust exit velocity (fps) or exhaust flow rate (acfm) from the spray booth, \_\_\_\_\_
- (3) Stack height (from grade) \_\_\_\_\_ and diameter of the spray booth exhaust stack, \_\_\_\_\_
- (4) Removal efficiency of the filters used in the spray booth, \_\_\_\_\_
- (5) Recommended pressure drop across the filters used in the spray booth. \_\_\_\_\_
- (6) Distance of exhaust stack to nearest property line in feet (ft), \_\_\_\_\_

**Attach a manufacturer's specification or vendor data sheet.** Attachments may be submitted electronically.

12. **Provide the number of spray guns and other coating applicators** used at the shop along with the make and model of each. **Attach a manufacturer's specification or vendor data sheet for each spray gun and coating applicator.** Attachments may be submitted electronically.

MAKE: _____	MODEL: _____	Tip size (mm): _____	Flow Rate (g/s or oz/min): _____
MAKE: _____	MODEL: _____	Tip size (mm): _____	Flow Rate (g/s or oz/min): _____
MAKE: _____	MODEL: _____	Tip size (mm): _____	Flow Rate (g/s or oz/min): _____

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13. **Provide a list** of ALL of the coatings, reducers, catalysts, surface preparation products, and cleanup solvents used in the shop. Attach additional pages as needed. **Attach a Material Safety Data Sheet and Certified Product Data Sheet for each material. Also, attach the most recent 12-month VOC usage report from your coating supplier.** Attachments may be submitted electronically.

Coating(s)\_\_\_\_\_

Reducer(s)\_\_\_\_\_

Catalyst(s)\_\_\_\_\_

Surface Preparation Product\_\_\_\_\_

Cleanup Solvents\_\_\_\_\_

Other\_\_\_\_\_

14. **Attach a shop plot plan or diagram** or draw one here describing the location of your spray booths and stacks. Include the distance to your nearest neighbor or property line (in feet). Attachments may be submitted electronically.

I, the undersigned, hereby certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all of its attachments as to the truth, accuracy, and completeness of this information. I certify based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete. By signing this form, I certify that I have not changed, altered, or deleted any portions of this application. I acknowledge that I cannot commence construction, alteration, modification or initiate operation until I receive written approval (i.e. permit, registration, or exemption letter) from the Department. I acknowledge that I may be required to perform testing of the equipment to receive construction or operation approval, and that if I do not receive approval to construct or operate that I can appeal the decision.

**I understand that every field on this application must to be filled out completely, or this application will be deemed incomplete and returned without further processing.**

\_\_\_\_\_  
**Owner or Authorized Agent**

\_\_\_\_\_  
**Signature of Owner or Authorized Agent**

\_\_\_\_\_  
**Date**

Please submit this application and required fees to:

***DNREC Division of Air Quality***

Air Quality Management  
Attention: Laura Bogus  
655 S. Bay Rd., Suite 5N  
Dover, DE 19901  
302.739.9402

Make checks payable to: **State of Delaware**