

520 Lafayette Road North St. Paul, MN 55155-4194

Auto body refinishing facility exempt source notification form

Air Quality Permit Program

Doc Type: Notifications

Use this form with Internet Explorer Web browser or Adobe Acrobat Reader.

Instructions: This form is for auto body refinishing facilities that qualify and will follow the technical standards for exempt sources listed in Minn. R. 7008.2300. You can find the text of Minnesota rules on the Office of the Revisor of Statutes website at https://www.revisor.mn.gov/rules/agency/167. To submit this form electronically, save the form to your computer and send the form to the MPCA by using the submit button at the end of the form, or attach the form to an email message, using "Auto body facility notification form" as the subject line to aq.exempt.notification.mpca@state.mn.us.

For more information: See the MPCA checklist #p-sbap1-01, Air quality technical standards for auto body facilities. (Found on the MPCA website at https://www.pca.state.mn.us/quick-links/conditionally-exempt-facilities.)

Que	stions:	Please contact the MPCA's Small Bu	usiness Assistance helpline at	651-282-6143 or 800-657-3	938.		
Qu	alifica	ations					
То	qualify	, you must be able to check yes	for each statement:				
Substantially all air emissions from this facility come from painting automobiles and automobile parts. A other air emissions come from insignificant activities listed in Minn. R. 7007.1300, subp. 2 and 3, and the conditionally insignificant activity for mechanical finishing described in Minn. R. 7008.4110.					☐ Yes	□No	
or t	nis facili	purchases or uses less than 2,000 ga ty limits volatile organic chemical (VO0 sions to 12,000 pounds each calendar	C) emissions to 20,000 pounds a		☐ Yes	□ No	
		meets the operational requirements for specifications, use, and maintenance I			☐ Yes	☐ No	
		will complete the recordkeeping requing for a minimum of five years.	rements listed in Minn. R. 7008.2	300, subp. 3, and will keep	☐ Yes	☐ No	
1.	Facility information						
	Facility name:						
		address:					
				Zip code:			
	Owner	name:	Operator name:				
	Contac	ct name:	Contact email:				
2.	Mat	erials or emissions (choose o	ne)				
	Option 1						
	☐ This facility will purchase or use less than 2,000 gallons of coating and cleaning materials each calendar year.						
	Amount of coating and cleaning materials purchased or used in the previous calendar year: gallon					gallons	
	 This information is usually available from your supplier. You can subtract the number of gallons of coating and cleaning materials that were shipped off site for reclamation or reuse. Facilities that have been operating for less than a year: enter the number of gallons you anticipate purchasing or using in a year 						
	Optio	on 2					
	☐ Thi	☐ This facility will limit VOC emissions to 20,000 pounds and HAP emissions to 12,000 pounds each calendar year.					
	•	 This information is usually available from your supplier. You do not have to count emissions from insignificant activities, conditionally exempt activities, or coating and cleaning materials that were shipped off site for reclamation or reuse. 					

https://www.pca.state.mn.us aq4-15 • 5/24/19

3. If you have an air quality permit from the MPCA, void the permit.

Request to void the permit online using MPCA's Notice of Permit Termination e-Services. Note: If you need assistance, there are two guidance documents available: one is for first-time users called Getting started with MPCA e-Services; the second is the Guidance: Notification of permit termination e-Service. (Found on the MPCA's e-Services webpage at https://www.pca.state.mn.us/data/e-services.)

Certification (Required to complete before form will submit.)

I certify that this facility meets the eligibility, operational, and recordkeeping requirements of the auto body refinishing facility exempt source category found in Minn. R. 7008.2300, and can therefore operate without an air permit.

By typing my name below, I certify under penalty of law that this form was prepared by me or under my direction or supervision. To the best of my knowledge and belief, the information on this form is true, accurate, and complete.

Authorized representative						
Print name:		Title:				
	(This document has been electronically signed)					
		Date:				

Print out a copy of the completed form or save it to your computer, then click submit:

651-296-6300 800-657-3864 Use your preferred relay service Available in alternative formats Page 2 of 2