

**Initial Notification/Compliance Certification**  
**For Paint Stripping and Miscellaneous Surface Coating Operations**  
Area Source Rule  
40 CFR Part 63 Subpart HHHHHH (Parts 63.11169 – 63.11180)

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Please review the instruction sheet before completing this form.

**Identify the Type of Notification Being Made** *(please check all that apply)*

Initial Notification       Compliance Certification Notification       Annual Change Notification

**Part A – Initial Notification**

**A.1. Company Information**

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_ Fax Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please check whether the area source is a new or existing source *(refer to Instruction page definitions)*:     New Source       Existing Source

**A.2. Owner/Operator Information**

Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please check whether the person listed above is the owner or operator of the area source:     Owner       Operator

**A.3. Facility Location Information**

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is the source a motor vehicle or mobile equipment surface coating operation that repairs vehicles at the customer's location, rather than at a fixed location?

Yes       No

If you checked **Yes** above, please provide the physical location or address of records:

\_\_\_\_\_

**A.4. Identification of Regulatory Standard**

I understand that I am subject to 40 CFR Part 63 Subpart HHHHHH, National Emissions Standards for Hazardous Air Pollutants for Paint Stripping and Miscellaneous Surface Coating Operations at Area Sources.

Please initial here:

\_\_\_\_\_

**A.5. Type of Surface Coating Operation**

Complete the information below for Surface Coating Operations (check all boxes that apply):

Motor vehicle or mobile equipment surface coating operation

Miscellaneous surface coating operation

Number of spray booths: \_\_\_\_\_

Number of preparation stations: \_\_\_\_\_

Number of painters typically employed: \_\_\_\_\_

**A.6. Description of Paint Stripping Operations (if applicable)**

Describe the paint stripping methods used (check all boxes that apply):

Chemical stripping

Mechanical stripping

Other (please describe): \_\_\_\_\_  
\_\_\_\_\_

Describe the types of substrates that are stripped (check all boxes that apply):

Wood

Plastic

Metal

Other (please describe): \_\_\_\_\_  
\_\_\_\_\_

**A.7. Methylene Chloride Use in Paint Stripping Operations**

a. Is Methylene Chloride (MeCl) used on site?  Yes  No

b. If you checked **Yes** above, do you plan to use or have you used more than 1 ton of MeCl annually?  Yes  No

c. If you checked **Yes** above, are you currently implementing a MeCl Minimization Plan?  Yes  No  Not Applicable

## Part B – Notification of Compliance Status

### B.1. Compliance Status

Please check the appropriate box concerning compliance status with the regulations. For paint stripping operations, the relevant requirements that you must evaluate in making this determination are specified in 40 CFR Part 63.11173(a) through (d). For surface coating operations, the relevant requirements are specified in 40 CFR 63.11173(e) through (g).

- a.  The source is currently in compliance with each of the relevant requirements
- b.  The source will be in compliance with each of the relevant requirements by the compliance date
- c.  The source is currently not in compliance with relevant requirements

### B.2. Change in Compliance Status

If you checked box B.1.c. above, please provide an explanation below of the noncompliance and describe corrective actions being taken to achieve compliance (*attach a separate sheet if necessary*).

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### B.3. Compliance Certification Statement

*I certify, under penalty of law, to the truth, accuracy, and completeness of the information provided in this notification.*

<b>Signature of Certifying Official</b>	<b>Date</b>
<b>Printed Name of Certifying Official</b>	<b>Title</b>

### B.4. Certification of Compliance with Methylene Chloride Minimization Requirements

*I certify, under penalty of law, that the facility's paint stripping operation has developed and is implementing a written Methylene Chloride Minimization Plan in accordance with 40 CFR Part 63.11173(b).*

<b>Signature of Certifying Official</b>	<b>Date</b>
<b>Printed Name of Certifying Official</b>	<b>Title</b>

## **Where to Mail This Form**

Send this form by registered mail to the attention of the following EPA Official:

**Ms. Beverly Bannister, Director  
Air, Pesticides, and Toxics Management Division  
U.S. Environmental Protection Agency Region IV  
Sam Nunn Atlanta Federal Center  
61 Forsyth Street, S.W.  
Atlanta, Georgia 30303-8960**