



**Bureau of Air Quality  
Registration Permit Application  
Autobody Refinishing Shops  
Page 1 of 3**

If you have any questions while filling out this application form, please contact the Bureau of Air Quality, Air Permitting Division by calling (803) 898-4123.

The Registration Permit for Auto Body Refinishing Shops covers autobody shops that are subject to the EPA Regulation 40 CFR Part 63, Subpart HHHHHH – National Emission Standards for Hazardous Air Pollutants: Paint Stripping and Miscellaneous Surface Coating Operations at Area Sources. In the autobody repair industry, this rule is better known as the 6H Rule.

<b>APPLICABILITY DETERMINATION</b>	
<i>Use the following questions to determine if the requirements of Subpart 6H potentially apply to your shop.</i>	
1. Does the shop perform spray application of coatings that contain compounds of chromium (Cr), lead (Pb), manganese (Mn), nickel (Ni), or cadmium (Cd) as defined in 40 CFR 63, Subpart HHHHHH?	
Yes <input type="checkbox"/>	Please complete and submit this application along with copies of all SDS for the products used onsite.
No <input type="checkbox"/>	Continue with Question 2.
2. Does the shop use Methylene Chloride-containing paint strippers to remove dried paint?	
Yes <input type="checkbox"/>	Please complete and submit this application.
No <input type="checkbox"/>	See note below*.
*If you answered <b>No</b> to both questions, the shop may qualify for exemption from the requirements of the 6H rule. Please contact the Bureau of Air Quality, Air Toxics Section by calling (803) 898-4123 to discuss the exemption process.	

Mail one public copy of the application with original signature (scanned, copied, electronic, etc. signatures will not be accepted) to the following address:

**Air Permitting Division Director  
Bureau of Air Quality  
2600 Bull Street  
Columbia, South Carolina, 29201**

All information requested on this form should be filled out. Keep a copy of the completed registration permit application package in your records on site for use by the shop's air permit contact when answering technical questions and to have available to Department Personnel upon request.



**Bureau of Air Quality  
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Autobody Refinishing Shops  
Page 2 of 3**

<b>SHOP INFORMATION</b>		
Existing Air Permit Number <i>(leave blank if not assigned)</i> : -		
Application Date: / /		
Company Legal Name:		
Shop Site Name <i>(This name will be listed on the permit and used to identify the facility at the physical address listed below)</i>		
Shop Physical Address:		County:
City:	State: SC	Zip Code:
Facility Coordinates <i>(Facility coordinates should be based at the front door or main entrance of the facility)</i>		
Latitude:		Longitude:

<b>SHOP SERVICES</b>	
Primary Services <i>(List the primary service)</i>	
Primary <a href="#">SIC Code</a> <i>(Standard Industrial Classification Codes)</i>	Primary <a href="#">NAICS Code</a> <i>(North American Industry Classification System)</i>
Other Services <i>(List any other services)</i>	
Other SIC Code(s):	Other NAICS Code(s):

<b>AIR PERMIT CONTACT</b>			
<i>The air permit contact is the person that can answer questions about the application and equipment located at the facility. This is the person the permit shall be issued to and should be someone that is physically located at the facility, if possible.</i>			
Salutation:	First Name:	Last Name:	Title/Position:
Mailing Address:			
Company:			
City:		State:	Zip Code:
Phone No.: ( ) -			Cell Phone:
Email:			

<b>ELIGIBILITY DETERMINATION</b>		
<i>Answer the following questions.</i>		
Does the shop use a fully enclosed paint booth to spray paint?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the shop use less than 3,100 gallons per year of solvents, coatings, and thinners, combined?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the shop use a HVLP (High volume, low pressure) spray gun?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



**Bureau of Air Quality  
Registration Permit Application  
Autobody Refinishing Shops  
Page 3 of 3**

<b>ELIGIBILITY DETERMINATION</b>		
<i>Answer the following questions.</i>		
Does the shop perform electrostatic application of coatings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the shop use airless spray guns?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the shop use air-assisted airless spray guns?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the shop use a boiler?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the shop use air make-up heaters?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the shop use a generator?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the shop use burn-off or curing ovens?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the shop perform any blasting outside?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>SHOP OWNER/OPERATOR</b>		
Salutation:	Name:	Title/Position:
Mailing Address:		
City:	State:	Zip Code:
Phone No.: ( ) -	Cell Phone:	
Email:		

**SHOP OWNER/OPERATOR SIGNATURE**

I certify that we meet the criteria established for the Registration Permit for Autobody Refinishing Shops and agree to the conditions and terms of this Registration Permit for Autobody Refinishing Shops. I certify, to the best of the knowledge and belief, that no applicable standards and/or regulations will be contravened or violated. I certify that any application form, report, or compliance certification submitted in this registration permit application is true, accurate, and complete based on information and belief formed after reasonable inquiry. I understand that any statements and/or descriptions, which are found to be incorrect, may result in the immediate revocation of any permit issued for this application.

**Shop Owner/Operator Signature**

**Date**