



## ANNUAL REPORT: AUTOBODY SHOPS

Company Name: \_\_\_\_\_ Facility ID#: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Permit #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Facility Name/Location: \_\_\_\_\_  
Reporting Year: \_\_\_\_\_  
Operating Schedule: Year \_\_\_\_\_ Hours/Day: \_\_\_\_\_ Days/Week: \_\_\_\_\_ Weeks/Year: \_\_\_\_\_  
Do you rent out the booth? ☐ Yes ☐ No  
Have you added new equipment since the previous Annual Report submittal? ☐ Yes ☐ No

MONTH	Gross ROC Emissions (lbs) *1
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
<b>TOTAL</b>	

\*1. Gross emissions are the combined ROC values from all products from all suppliers used during each month. Gross ROC emissions, in units of pounds, are typically determined from the "VOC Monthly Usage Summary" records supplied by your distributors. Those records provide the amount of VOC emissions contained in coatings and solvents used at your facility.

Does this annual report contain confidential information? ☐ Yes ☐ No

All information claimed as confidential must be submitted in accordance with APCD Policy & Procedure 6100-020 (Handling of Confidential Information): <http://www.ourair.org/wp-content/uploads/6100-020.pdf>. Failure to follow the required procedures shall be deemed a waiver by the applicant of the right to protect such information from public disclosure.

I certify that the information provided is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name / Date

**PLEASE RETURN THE COMPLETED ANNUAL REPORT TO:**

AIR POLLUTION CONTROL DISTRICT, 260 N. SAN ANTONIO RD., SUITE A, SANTA BARBARA CA 93110-1315  
or E-mail [annualreport@sbcapcd.org](mailto:annualreport@sbcapcd.org) (FAXES NOT ACCEPTED)



## **ANNUAL REPORT INSTRUCTIONS FOR AUTOBODY SHOPS**

1. **CHECK YOUR PERMIT:** Check the *Reporting* condition of your permit, there may be additional information that needs to be submitted with this report. Please provide any additional information that you are required to submit.
2. **SUBMITTAL:** Submit by mail or e-mail. When submitting via e-mail, if you do not receive a response within 72 hours confirming that the District has received your submittal, please assume the annual report was not received and contact us at (805) 979-8050. *Faxes Not Accepted.*