



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: _____

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

*1. Gross ROC emissions are determined from the "VOC Monthly Purchase Summary" records supplied by the distributor.

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 (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) 961-8800. *Faxes Not Accepted.*