



SURFACE COATING OPERATION REGISTRATION

NOTE: Enter information from your previous calendar year activities and mail it back or email it to registration@yrcaa.org

1. FACILITY INFORMATION HAS THE BUSINESS NAME OR OWNERSHIP CHANGED IN THE LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
a. FACILITY NAME		b. OWNER NAME	
d. PHYSICAL ADDRESS		e. MAILING ADDRESS	
f. CONTACT NAME & TITLE		g. PHONE	
h. EMAIL			
i. PREFERRED CONTACT METHOD <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL			
2. GENERAL INFORMATION			
a. TYPE OF FACILITY (CHECK ALL THAT APPLY)			
METHOD OF SURFACE PREPARATION <input type="checkbox"/> SANDBLAST <input type="checkbox"/> OTHER BLAST <input type="checkbox"/> MANUAL			
METHOD OF SURFACE COATING <input type="checkbox"/> SPRAY <input type="checkbox"/> BRUSH <input type="checkbox"/> SUBMERSION <input type="checkbox"/> POWDER COATING			
b. OPERATING SCHEDULE		HOURS PER DAY	DAYS PER WEEK
			WEEKS PER YEAR
3. EQUIPMENT AND PROCESS INFORMATION LIST ALL EMISSION POINTS AND CORRESPONDING CONTROL EQUIPMENT			
a. EMISSION SOURCE POINT		DATE INSTALLED	CONTROL EQUIPMENT
b. THROUGHPUT INFORMATION			
LIST ALL MATERIAL THROUGHPUT, I.E. PAINT, THINNER, SOLVENT, POWDER COATING, ETC. USE SEPARATE SHEET IF NECESSARY.			
MATERIAL NAME		QUANTITY USED	
c. MATERIAL SAFETY DATA SHEETS <input type="checkbox"/> PREVIOUSLY SUBMITTED <input type="checkbox"/> INCLUDED WITH THIS REGISTRATION SUBMISSION.			
4. CERTIFICATION I, the undersigned, do hereby certify that the information provided is accurate and complete to the best of my knowledge.			
SIGNATURE _____		TITLE _____	
NAME (PRINT) _____		DATE _____	