

**ANNUAL REPORTING FORM FOR:  
AUTOBODY REPAIR OR PAINTING SHOPS**

**AQRB-001**

1. Permit Number  2. Reporting period (calendar year):

3. Company information:

Legal Name:	Other company name (if different than legal name):
Mailing Address:	Site Address (if different than mailing address):
City, State, Zip Code:	City, County, Zip Code:

4. Site Contact Person:

Name:	Telephone number:
Title:	Fax Number:

5. Number of automobiles painted within the last calendar year:

6. Number of gallons of paint used during the previous calendar year:

7. Please list any air quality/nuisance complaints received within the last calendar year? How were the complaints addressed?

--------------

8. I am currently in compliance with the motor vehicle refinishing requirements set forth in conditions 2.2 and 2.3 of the Basic Air Contaminant Discharge Permit:

9. Certifying Signature

Name of official (Printed or Typed):	Title of official and phone number:
Signature of official:	Date:

**PLEASE SUBMIT THIS REPORTING FORM TO:**

Please submit this form to the Permit Coordinator at the Lane Regional Air Protection Agency (LRAPA) at 1010 Main Street, Springfield, Oregon 97477.