INFORMATION NEEDED FOR INITIAL NOTIFICATION
Autobody Shop Surface Coating
Area Source Rule (last updated March 26, 2008)
Subpart HHHHHH
40 CFR 63.11169 – 63.11180

Initial Notification requirements of Subpart HHHHHH

1. Company Name (if applicable) ________________________________________________

2. Information about the owner and operator:

   a. Owner's Name and Title___________________________________________________

   Owner's Street Address __________________________________________________________
      Street    City    State    Zip

   Owner's telephone number _________________________________________

   Owner's email (if available) ______________________________

   Is the Operator the same person as the Owner? Yes ☐ No ☐

   If the Operator information is different please provide the following (Attach a list with the same
   information for additional operators):

   b. Operator's Name and Title _________________________________

   Operator's Street Address _________________________________________________________
      Street    City    State    Zip

   Operator's telephone number _____________________________________

   Operator's email (if available) _______________________________________

   Is there any other certifying company official that will sign this form? Yes ☐ No ☐

   If Certifying Official information is different please provide the following:

   c. Certifying Official's Name and Title _____________________________________________

   Certifying Official's Street Address _____________________________________________
      Street    City    State    Zip

   Certifying Official's telephone number _________________________________

   Certifying Official's email (if available) _________________________________
3. The street address (physical location) of the affected source

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Are the compliance records located at the same location? Yes [ ] No [ ]

If the location of compliance records if different please provide street address:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Is the source a motor vehicle or mobile equipment surface coating operation that repairs vehicles at the customer’s location, rather than at a fixed location? Yes [ ] No [ ]

4. Identification of Standard (you must check this box):

[ ] Yes, I am subject to 40 CFR Part 63 Subpart HHHHHH, National Emission Standards for hazardous air Pollutants: Autobody Shop Surface Coating Operations at Area Source; Final Rule

5. A brief description of the type of operation:
For Surface Coating Operations

a. I am a:

[ ] Motor Vehicle or Mobile Equipment Surface Coating Operation

6. Compliance Status, please check one:

For autobody surface coating operations, the relevant requirements are specified in 40 CFR 63.11173(e) through (g) of this subpart.

[ ] I am already in compliance with each of the relevant requirements
[ ] I will be in compliance with each of the relevant requirements by the compliance date

New Source Compliance date is date of startup
Existing Source Compliance date is January 10, 2011

8. Certification of compliance status

You must check one:

Note: Initial startup is the first time equipment is brought online in an auto body surface coating operation.

[ ] I am a new source  Date_________________
[ ] I am an existing source  Date_________________

If your source is an existing source, a responsible official, whose information is provided above, may certify below that the source is already in compliance with each of the relevant requirements of this
subpart or certification may be done by March 11, 2011 in the Notification of Compliance Status as specified in 40 CFR Section 63.11175(b)

For existing sources: ☐ I am certifying below ☐ I will certify by March 11, 2011 (There is no need to sign below, you must sign a statement by March 11, 2011)

I certify the truth, accuracy, and completeness of this notification. The source has complied with all the relevant standards of this subpart. This initial notification also serves as the notification of compliance status.

Signature of responsible official: owner / operator (circle one) ____________________________________

Please Print Name Also __________________________________________

Submit Initial Notification as follows:

A. EPA Region III
   Director, Air Protection Division
   Permit Section, 3 AP11
   EPA-Region III
   1650 Arch Street
   Philadelphia, PA 19103

B. Source Registration
   Air Management Services
   321 University Avenue
   Philadelphia, PA 19104