



PORTABLE AUTOBODY SURFACE COATING OPERATION (PASCO)
GENERAL ORDER OF APPROVAL APPLICABILITY CRITERIA

PLEASE ANSWER THE FOLLOWING QUESTIONS TO DETERMINE IF YOU ARE ELIGIBLE FOR COVERAGE UNDER A GENERAL ORDER OF APPROVAL FOR PORTABLE AUTOBODY SURFACE COATING OPERATIONS (PASCO)

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Will one or more of your PASCOs use any coating which contains greater than 0.1% by weight of one or more compounds of lead or hexavalent chromium?										
	<i>For those PASCOs where the answer to 1. is yes, stop. Those PASCOs are not eligible for coverage under General Order of Approval. For those PASCOs where the answer to 1. is no, proceed to 2.</i>										
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Will one or more of your PASCOs apply any coating or other agent to any light duty vehicle or light duty vehicle component, with a VOC content in excess of the limits listed in 40 CFR 59, Subpart B, Table 1 - EPA National Volatile Organic Compound Emission Standards for Automobile Refinish Coatings?										
	<i>For those PASCOs where the answer to 2. is yes, stop. Those PASCOs are not eligible for coverage under General Order of Approval. For those PASCOs where the answer to 2. is no, proceed to 3.</i>										
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Will one or more of your PASCOs exclusively use mini-jet/mini-turbine HVLP guns or the equivalent mini-jet/mini-turbine guns with transfer efficiencies of at least 65% to apply any coating or other agent to any light duty vehicle or light duty vehicle component?										
	<i>For those PASCOs where answer to 3. is no, stop. Those PASCOs are not eligible for coverage under General Order of Approval. For those PASCOs where answer to 3. is yes, proceed to 4.</i>										
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Will any of your PASCOs individually use more than the following process material usage per calendar year?</p> <table border="1" data-bbox="496 1115 1170 1314"> <thead> <tr> <th><u>Process Material</u></th> <th><u>Calendar Year Usage</u> (gallons)</th> </tr> </thead> <tbody> <tr> <td>Primer</td> <td>3</td> </tr> <tr> <td>Base Coat</td> <td>15</td> </tr> <tr> <td>Clear Coat</td> <td>15</td> </tr> <tr> <td>Gun Cleaner/Solvent</td> <td>24</td> </tr> </tbody> </table>	<u>Process Material</u>	<u>Calendar Year Usage</u> (gallons)	Primer	3	Base Coat	15	Clear Coat	15	Gun Cleaner/Solvent	24
<u>Process Material</u>	<u>Calendar Year Usage</u> (gallons)										
Primer	3										
Base Coat	15										
Clear Coat	15										
Gun Cleaner/Solvent	24										
	<i>For those PASCOs where the answer to 4. is yes, stop. Those PASCOs are not eligible for coverage under General Order of Approval. For those PASCOs where the answer to 4. is no, proceed to 5.</i>										
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Will one or more of your PASCOs paint more than 9 square feet of surface area per vehicle.?										
	<i>For those PASCOs where answer to 5. is yes, stop. Those PASCOs are not eligible for coverage under General Order of Approval. For those PASCOs where the answer to 5. is no, proceed to 6.</i>										
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	Will one or more of your PASCOs operate at your place of business or operate more than 52 days per calendar year for another business ?										
	<i>For those PASCOs where the answer to 6. is yes, stop. Those PASCOs are not eligible for coverage under General Order of Approval. For those PASCOs where the answer to 6. is no, proceed to 7.</i>										
7.	<i>For those PASCOs that meet the above criteria, you may apply for coverage under the PASCO General Order of Approval, by submitting the General Order of Approval application form, this applicability checklist and registering each PASCO with Spokane Regional Clean Air Agency (SRCAA.)</i>										



**APPLICATION FOR COVERAGE UNDER THE GENERAL ORDER OF APPROVAL
(GOA) FOR**

PORTABLE AUTOBODY SURFACE COATING OPERATIONS (PASCO)

Spokane Regional Clean Air Agency (SRCAA)

1101 W College Ave, Suite #403, Spokane, WA 99201

Telephone: (509) 477-7427; Fax: (509)477-6828

< www.spokanecleanair.org >

Business Name:	
Business Address:	
Mailing Address:	
Responsible Person:	Phone/Email:
Contact Person:	Phone/Email:
Number of PASCOs for which you are requesting coverage. _____	
Specify Identifier for each PASCO:	
Anticipated Calendar Year Process Materials Usage (gallons):	
Primer:	
Base Coat:	
Clear Coat:	
Gun Cleaner	
Spray Equipment:	
Number of spray guns being used:	
Make and model of Spray Guns:	
Maximum capacity of gun cup (oz.):	
Transfer efficiency rating of each spray gun:	
Enclosure:	
Type of enclosure (tarp, tent, mobile paint booth, etc.):	
Make and model (if applicable):	
Size of enclosure:	
Length:	
Width:	
Height:	
FAILURE TO QUALIFY OR COMPLY:	
An owner or operator who requests and is subsequently covered under the General Order of Approval is subject to enforcement action, including suspension or revocation of coverage, for just cause including:	
<ol style="list-style-type: none"> 1. Violation of any terms or conditions of the General Order of Approval 2. Obtaining coverage by misrepresentation or failure to fully disclose all-relevant facts. 	
CERTIFICATION BY SOURCE	
I, the undersigned, do hereby certify that the information contained in this application is, to the best of my knowledge, accurate and complete. Further I certify that I have read and understand the conditions in the General Order of Approval and, if subsequently covered, agree to comply with these conditions at all times.	
_____	_____
Signature & Date	Print Name & Title