

Virginia Department of Environmental Quality  
Northern Virginia Auto Body/Collision Repair  
Registration Form



(for Air Quality Regulations 9 VAC 5-20-160 and 9 VAC 5-40-7090)

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**Section A: General Facility Information**

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- A.1 DEQ Registration Number (if all ready registered): \_\_\_\_\_
- A.2 Business Name: \_\_\_\_\_
- A.3 Alternate Business Names (if any): \_\_\_\_\_  
Explain Alternate Name (e.g. A is parent company of B): \_\_\_\_\_
- A.4 Street Address: \_\_\_\_\_  
City and Zip: \_\_\_\_\_
- A.6 Mailing Address (if different from above): \_\_\_\_\_  
Mailing Address City and Zip: \_\_\_\_\_
- A.7 Business Phone Number: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_
- A.8 Business Fax Number: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_
- A.9 Business Email (if any): \_\_\_\_\_
- A.10 Number of Employees: \_\_\_\_\_
- A.11 Name of Business Owner (First/Last): \_\_\_\_\_ / \_\_\_\_\_
- A.12 Owner's Phone Number: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_
- A.13 Has this business changed any of the following information in the last year:
- |                    |   |                             |
|--------------------|---|-----------------------------|
| Business Location  | <input type="checkbox"/> Yes—Answer A.14 and A.15 | <input type="checkbox"/> No |
| Business Name      | <input type="checkbox"/> Yes—Answer A.16          | <input type="checkbox"/> No |
| Business Ownership | <input type="checkbox"/> Yes—Answer A.17          | <input type="checkbox"/> No |
- A.14 Previous Street Address: \_\_\_\_\_
- A.15 Previous City and Zip: \_\_\_\_\_
- A.16 Previous Business Name: \_\_\_\_\_
- A.17 Name of Previous Owner (First/Last): \_\_\_\_\_ / \_\_\_\_\_
- A.18 SIC Code and/or NAICS Code: \_\_\_\_\_

Your business will most likely fall into one of below categories:

General Auto Repair Shop: SIC 7538 and NAICS 811111

Top and Body Repair and Paint Shop: SIC 7532 and NAICS 811121

New and Used Motor Vehicle Dealers: SIC 5511 and NAICS 441110

For more information, visit [www.census.gov/epcd/www/naics.html](http://www.census.gov/epcd/www/naics.html), or use your VA Department of Taxation "Form R-1 Business Registration Application" question #4. Form R-1 has an NAICS Code table on page 6-8.

- A.19 Business Type (check only one):
- Franchise/Chain (i.e. facilities under contract to another company that owns more than one auto body facility; includes company-owned stores and independent franchise owners)
  - Independent (i.e. facilities that owe no allegiance to any other company or corporation)
  - Government (includes federal, state and local government facilities)
  - Educational (i.e. technical schools that train students in auto body work)
  - Other (please specify) \_\_\_\_\_

A.20 Type of Services Provided – Check all that apply:

**Note: this form is only for use by shops that perform vehicle repair and refinishing work. If the shop provides other types of services, please include them.**

- Vehicle Repair and Refinishing
- Mechanical Repairs
- Car Wash
- Fleet Maintenance
- Other (please specify) \_\_\_\_\_
- Gas Station
- Car Dealership
- Salvage Yard
- Towing

A. 21 Types of vehicles repaired/refinished:

- Automobiles
- Trucks
- Buses
- Motorcycles
- Farm Equipment
- Airport Ground Equipment
- Golf Carts
- Trailers
- Other Vehicles that Roll \_\_\_\_\_

A.22 Average number of auto body/collision repair jobs processed per week: \_\_\_\_\_

A.23 Has your shop been inspected by DEQ within the last year?

- Yes
- No—Skip to Question A.26

A.24 Which DEQ section (air, water or waste) conducted the inspection? \_\_\_\_\_

A.25 When was the DEQ inspection conducted (mm/yyyy) \_\_\_\_/\_\_\_\_

A.26 Prior to receiving the packet, had your shop heard about the baseline inspections conducted as part of the self-certification program, or the training workshops?

- Yes
- No

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**Section B: Specific Facility Equipment Information**

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B.1 Number of paint booths at your facility: \_\_\_\_\_

B.2 Paint booth manufacturer and model (if paint booth is custom-made, please state so)

Paint Booth Number	Manufacturer	Model Number
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

B.3 Describe air pollution control equipment on paint booths, or on any other vented equipment (i.e. sanders, paint mixing cabinets, spray-gun cleaning cabinets, etc.)

Type of Control Equipment

Efficiency (% of pollutant removed, if known)

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**Section C: Document Certification**

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**Certification:** I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering and evaluating the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Responsible Official (printed): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Date: \_\_\_\_\_

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**Document Submission**

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Woodbridge, VA  
22193-1453