

May 7, 2024

Texas Commission on Environmental Quality  
ATTN: Air Permits Initial Review Team (APIRT)  
MC 161  
PO Box 13087  
Austin, TX 78711-3087

To Whom It May Concern:

Enclosed you will find a copy of the TCEQ Core Data Form 10400, TCEQ PBR 106.436 Form 10138, and TCEQ PBR PI-7 Form 10228 for the following facility:

Caliber Collision Center – Texarkana 0729  
908 Piney  
Texarkana, TX 75501

This facility is subject to, and in compliance with, Federal EPA Rule 40 CFR Part 63, Subpart HHHHHH (6H). If you should have any questions, please do not hesitate to call. Thank you.

Sincerely,

Brandon Thomas



GMG EnviroSafe

CC: Caliber Collision Centers



TCEQ Use Only

# TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided)			
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)			
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other	
<b>2. Attachments</b> Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PI-7 / PBR Checklist			
<b>3. Customer Reference Number (if issued)</b>		<b>4. Regulated Entity Reference Number (if issued)</b>	
CN 605852672		RN	

## SECTION II: Customer Information

<b>5. Effective Date for Customer Information Updates (mm/dd/yyyy)</b>							
<b>6. Customer Role</b> (Proposed or Actual) – as it relates to the <u>Regulated Entity</u> listed on this form. Please check only <u>one</u> of the following:							
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input checked="" type="checkbox"/> Owner & Operator		<input type="checkbox"/> Other	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party		<input type="checkbox"/> Voluntary Cleanup Applicant			
<b>7. General Customer Information</b>							
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information			<input type="checkbox"/> Change in Regulated Entity Ownership		
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)					<input type="checkbox"/> No Change**		
<b>**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.</b>							
<b>8. Type of Customer:</b>		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual		<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> City Government		<input type="checkbox"/> County Government		<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government	
<input type="checkbox"/> Other		<input type="checkbox"/> General Partnership		<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Other: _____	
<b>9. Customer Legal Name</b> (If an individual, print last name first: ex: Doe, John)				<i>If new Customer, enter previous Customer below</i>			
Caliber Bodyworks of Texas, Inc.				<i>End Date:</i>			
<b>10. Mailing Address:</b>		Caliber Collision Centers					
		2941 Lake Vista Drive					
		City	Lewisville	State	TX	ZIP	75067
<b>11. Country Mailing Information</b> (if outside USA)				<b>12. E-Mail Address</b> (if applicable)			
				licenseandpermits@calibercollision.com			
<b>13. Telephone Number</b>		<b>14. Extension or Code</b>		<b>15. Fax Number</b> (if applicable)			
( 469 ) 948-9500				( ) -			
<b>16. Federal Tax ID</b> (9 digits)		<b>17. TX State Franchise Tax ID</b> (11 digits)		<b>18. DUNS Number</b> (if applicable)		<b>19. TX SOS Filing Number</b> (if applicable)	
330728858		1752727808					
<b>20. Number of Employees</b>						<b>21. Independently Owned and Operated?</b>	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## SECTION III: Regulated Entity Information

<b>22. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information <input type="checkbox"/> No Change** (See below)	
<b>**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.</b>	
<b>23. Regulated Entity Name</b> (name of the site where the regulated action is taking place)	
Caliber Collision Centers - Texarkana 0729	

<b>24. Street Address of the Regulated Entity:</b> <i>(No P.O. Boxes)</i>	908 Piney						
	<b>City</b>	Texarkana	<b>State</b>	TX	<b>ZIP</b>	77501	<b>ZIP + 4</b>
<b>25. Mailing Address:</b>	2941 Lake Vista Drive						
	<b>City</b>	Lewisville	<b>State</b>	TX	<b>ZIP</b>	75067	<b>ZIP + 4</b>
<b>26. E-Mail Address:</b>	licenseandpermits@calibercollision.com						
<b>27. Telephone Number</b>	<b>28. Extension or Code</b>		<b>29. Fax Number</b> <i>(if applicable)</i>				
( 469 ) 948-9500			( ) -				
<b>30. Primary SIC Code</b> (4 digits)	<b>31. Secondary SIC Code</b> (4 digits)		<b>32. Primary NAICS Code</b> (5 or 6 digits)		<b>33. Secondary NAICS Code</b> (5 or 6 digits)		
7532			811121				
<b>34. What is the Primary Business of this entity?</b> <i>(Please do not repeat the SIC or NAICS description.)</i>							
Repair and refinish automobiles							

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

<b>35. Description to Physical Location:</b>	908 Piney				
<b>36. Nearest City</b>	<b>County</b>		<b>State</b>		<b>Nearest ZIP Code</b>
Texarkana	Bowie		TX		75501
<b>37. Latitude (N) In Decimal:</b>	33.440498		<b>38. Longitude (W) In Decimal:</b>	-94.096169	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
33	26	25.7928	94	5	46.2084

**39. TCEQ Programs and ID Numbers** Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
<input checked="" type="checkbox"/> New Source Review – Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

#### SECTION IV: Preparer Information

<b>40. Name:</b>	Brandon Thomas		<b>41. Title:</b>	President
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>	
( 847 ) 740-9177		( 847 ) 740-1635	permits@gmgenvirosafe.com	

#### SECTION V: Authorized Signature

**46.** By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 9 and/or as required for the updates to the ID numbers identified in field 39.

*(See the Core Data Form instructions for more information on who should sign this form.)*

<b>Company:</b>	Caliber Bodyworks of Texas LLC	<b>Job Title:</b>	Director, Licensing & Lease Administration
<b>Name (In Print) :</b>	Sharon Lawrence	<b>Phone:</b>	( 469 ) 948-9500
<b>Signature:</b>		<b>Date:</b>	





**Texas Commission on Environmental Quality**  
**Auto Body Refinishing Facility**  
**Air Permits by Rule (PBR) Checklist**  
**Title 30 Texas Administrative Code § 106.436**

Check the most appropriate answer and include any additional information in the spaces provided. If additional space is needed, please include an extra page and reference the rule number. The PBR forms, tables, checklists, and guidance documents are available from the TCEQ, Air Permits Division Web site at:

[www.tceq.texas.gov/permitting/air/nav/air\\_pbr.html](http://www.tceq.texas.gov/permitting/air/nav/air_pbr.html).

This PBR (§ 106.436) requires registration with the commission's Office of Permitting, Remediation, and Registration in Austin before construction begins. The facility can be registered by completing [Form PI-7](#), "Registration for Permits by Rule," or [Form PI-7-CERT](#), "Certification, and Registration for Permits by Rule." This checklist should accompany the registration form.

**SECTION I** The total coating and solvent usage rate is less than a half pint per hour. *(Registration is not required)*

**SECTION II** The total coating and solvent usage rate is less than two gallons per week. *(Registration is not required)*

**SECTION III** The total coating and solvent usage rate is greater than two gallons per week. *(Registration is required)*

**Note:** If the facility is subject to SECTION III, an approved registration letter must be received from the executive director before construction of the facility begins.

CHECK THE MOST APPROPRIATE ANSWERS AND FILL IN THE BLANKS		
Rule	Questions/Description	Response
<b>SECTION I. The total coating and solvent usage rate is less than a half pint per hour.</b>		
(2)(A)	Do spray operations use less than a half pint of coatings and solvents per hour? <i>If "YES," answer <u>only</u> the questions in SECTION I. If "NO," go to SECTION II.</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(3)	Is good housekeeping practiced, equipment maintained in good working order, and all waste disposed of properly? N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
(4)	Are there any visible emissions from any of the auto body shop stacks, windows, doors, or other openings? N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
(16)	Will the owner or operator of the shop set up and maintain a centralized recordkeeping system that includes Material Safety Data Sheets (MSDS), monthly coatings purchases or usage records, and hazardous waste management records and keep records for a consecutive 24-month period? N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
(17)	Has the shop ensured that it will <u>not</u> create a nuisance as defined in <a href="#">30 TAC § 101.4</a> ? N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Note: If the auto body shop meets all the requirements listed in SECTION I above, registration is <u>not</u> required. The auto body refinishing shop owner or operator should retain this checklist and keep records.</i>		
<b>SECTION II. The total coating and solvent usage rate is less than two gallons per week.</b>		
(2)(B)	Do spray operations use less than two gallons of coatings and solvents per week? <i>If "YES," answer <u>only</u> the questions in SECTION II. If "NO," go to SECTION III.</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(3)	Is good housekeeping practiced, equipment maintained in good working order, and all waste disposed of properly? N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Auto Body Refinishing Facility  
Air Permits by Rule (PBR) Checklist  
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<b>CHECK THE MOST APPROPRIATE ANSWERS AND FILL IN THE BLANKS</b>		
<b>Rule</b>	<b>Questions/Description</b>	<b>Response</b>
<b>SECTION II. The total coating and solvent usage rate is less than two gallons per week. (continued)</b>		
(4)	Are there any visible emissions from any of the auto body shop stacks, windows, doors, or other openings? N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
(7)	Do the over-spray filters on all spray booths, spray areas, and preparation areas have a particulate matter (PM) control efficiency of 90% or greater? N/A  Indicate the manufacturer's rated control efficiency: _____ %	<input type="checkbox"/> YES <input type="checkbox"/> NO
(8)	Is high transfer efficiency spray equipment used? N/A Check all that apply: <input type="checkbox"/> High Volume-Low Pressure <input type="checkbox"/> Airless <input type="checkbox"/> Air-Assisted Airless <input type="checkbox"/> Electrostatic <input type="checkbox"/> Other: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
(8)	What is the transfer efficiency of the spray equipment used? N/A _____ %  Indicate the manufacturer's rated control efficiency: _____ %  <i>Note: The transfer efficiency must be at least 65% in accordance with <a href="#">30 TAC § 115.422</a></i>	
(11)(A)	What is the tallest building within 200 feet of the auto body shop exhaust stack(s)? N/A <input type="checkbox"/> Auto Body Shop <input type="checkbox"/> Another Building _____ feet  <i>Note: The height of the building should be measured from the ground to the peak of the roof</i>	
(11)(B)	Is the auto body shop filter stack(s) at least 1.2 times the peak roof height measurement in Question (11)(A)? N/A  _____ feet	<input type="checkbox"/> YES <input type="checkbox"/> NO
(11)(C)	Will the auto body shop filter stack(s) be at least as high as the ground level elevation within 250 feet from the facility in any direction? N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
(12)	Is the exhaust stack from any spray booth, spray area, and/or preparation area at least 50 feet from any residence, recreation area, school, church, child care facility, or medical/dental facility? N/A  Indicate the actual distance: _____ ft	<input type="checkbox"/> YES <input type="checkbox"/> NO

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<b>CHECK THE MOST APPROPRIATE ANSWERS AND FILL IN THE BLANKS</b>		
Rule	Questions/Description	Response
<b>SECTION II. The total coating and solvent usage rate is less than two gallons per week. (continued)</b>		
(14)	List the volatile organic compound (VOC) content of the refinishing coatings to be used as required by <a href="#">30 TAC § 115.421</a> . N/A  <i>Note: The VOC contents must be within the specified limits. The VOC content can be found on the Material Safety Data Sheet for the coating which can be obtained from the coating manufacturer.</i>	
	<b>Coating Category /Coating Limit</b>	<b>Actual VOC (lb VOC/gal)</b>
	Primers or Primer Surfaces /5.0	N/A
	Pre-coats /5.5	N/A
	Pretreatments /6.5	N/A
	Single-stage Topcoats /5.0	N/A
	Basecoat/Clear Coat Systems /5.0	N/A
	Three-stage System /5.2	N/A
	Specialty Coating /7.0	N/A
	Sealers /6.0	N/A
	Wipe-down Solutions /1.4	N/A
(17)	Has the shop ensured that it will <u>not</u> create a nuisance as defined in <a href="#">30 TAC § 101.4</a> ? N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Note: If the auto body shop meets all the requirements listed in SECTION II above, registration is <u>not</u> required. The auto body refinishing shop owner or operator should retain this checklist and keep records.</i>		
<b>SECTION III. The total coating and solvent usage rate is greater than two gallons per week.</b>		
(1)	Did you provide <a href="#">Form PI-7</a> or <a href="#">Form PI-7-CERT</a> as part of this registration request? <input checked="" type="checkbox"/> Form PI-7 <input type="checkbox"/> Form PI-7-CERT	
(1)	Do you understand that an authorization letter must be received from the commission before construction of the facility begins?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(3)	Is good housekeeping practiced, equipment maintained in good working order, and all waste disposed of properly?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(4)	Are there any visible emissions from any of the auto body shop stacks, windows, doors, or other openings?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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<b>CHECK THE MOST APPROPRIATE ANSWERS AND FILL IN THE BLANKS</b>		
<b>Rule</b>	<b>Questions/Description</b>	<b>Response</b>
<b>SECTION III. The total coating and solvent usage rate is greater than two gallons per week. (continued)</b>		
(5)	<p>Do spray coating operations cover pieces/sections LARGER than nine square feet (ft<sup>2</sup>) and take place in a totally enclosed and filtered spray booth or spray area?</p> <p>Indicate the air intake if the operation is performed in an enclosed area:</p> <p><u>9</u> ft<sup>2</sup></p> <p><i>Note: The intake area must be less than 100 ft<sup>2</sup>. To determine the air intake area, multiply the height and width for each opening through which air enters into the booth and add the results together.</i></p> <p><i>If "YES," the spray area must meet (5)(A) or (5)(B) below.</i></p> <p><i>If "NO," skip to Question (6).</i></p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(5)(A)	<p>Does the spray booth or spray area have a fan capacity of at least 10,000 cubic feet per minute (cfm)?</p> <p><u>N/A</u> cfm</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(5)(B)	<p>Does the spray booth or spray area have a face velocity of at least 100 feet per minute (fpm)?</p> <p><u>110</u> fpm</p> <p><i>Note: To calculate the face velocity (fpm), divide the fan capacity (fpm) by the air intake area (ft<sup>2</sup>).</i></p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(6)	<p>Do spray coating operations cover piece/sections SMALLER than nine square feet (ft<sup>2</sup>) and take place in a totally enclosed and filtered spray booth or spray area that meets all the criteria in Question (5)?</p> <p><i>If "YES," go to Question (7)</i></p> <p><i>If "NO," answer the following questions.</i></p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(6)(A)	<p>Will the preparation area ventilation system be operated during spraying? <u>N/A</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(6)(A)	<p>Will the ventilation system vent solvent vapors and particulate matter from the spraying operation though a stack to the atmosphere, or will the air be re-circulated back into the shop through a carbon adsorption system?</p> <p>Indicate the system used: <u>N/A</u></p> <p><input type="checkbox"/> Through a stack to the atmosphere</p> <p><input type="checkbox"/> Recirculated into the shop through a carbon adsorption system</p> <p><i>If a carbon adsorption system is used, answer Question (6)(B).</i></p> <p><i>If the ventilation system vents through a stack to the atmosphere, go to Question (6)(C).</i></p>	
(6)(B)	<p>If the preparation area is equipped with a carbon adsorption system will the carbon canister be replaced at the manufacturer's recommended intervals to minimize solvent emissions?</p> <p><u>N/A</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(6)(C)	<p>Will the preparation area ventilation system be equipped with a filter or filter system to control paint overspray? <u>N/A</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO



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<b>CHECK THE MOST APPROPRIATE ANSWERS AND FILL IN THE BLANKS</b>		
Rule	Questions/Description	Response
<b>SECTION III. The total coating and solvent usage rate is greater than two gallons per week. (continued)</b>		
(7)	Do the over-spray filters on all spray booths, spray areas, and preparation areas have a particulate matter (PM) control efficiency of 90% or greater?  Indicate the manufacturer's rated control efficiency: <u>99.03</u> %	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(8)	Is high transfer efficiency spray equipment used? (Check all that apply:) <input checked="" type="checkbox"/> High Volume-Low Pressure <input type="checkbox"/> Airless <input type="checkbox"/> Air-assisted Airless <input type="checkbox"/> Electrostatic <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(8)	What is the transfer efficiency of the spray equipment used? Efficiency: : <u>65.00%</u>  Indicate the name and vapor pressure of the solvent(s) used: Solvent: <u>Spies-Hecker Permasolid HS Clear Coat</u> Pressure: <u>2.8 hPA [room temperature]</u> <i>Note: The transfer efficiency must be at least 65% in accordance with 30 TAC § 115.422.</i>	
(9)	Are non-enclosed cleaners used? <i>If "YES," answer the following questions.</i> <i>If "NO," skip to Question (9)(C).</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(9)(A)	Will non-enclosed solvents have a vapor pressure less than 100 millimeters of mercury (mmHg) at 68 degrees Fahrenheit? <b>N/A</b>  Indicate the name and vapor pressure of the solvent(s) used: Solvent: _____ Pressure: _____  <i>Note: 100 mmHg = 1.933 pounds per square inch (psi), and 68 degrees Fahrenheit = 20 degrees Celsius.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(9)(A)	Does the non-enclosed cleaner drain directly to a remote reservoir? <b>N/A</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(9)(B)	Will all wash solvents be kept in closed containers? <b>N/A</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(9)(C)	Will all waste solvents and other cleaning materials be kept in closed containers?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(10)	Will heaters, drying ovens, or curing ovens be used to dry and/or cure coatings after application?  <i>If "YES," answer the following questions</i> <i>If "NO," skip to Question (11).</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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<b>Rule</b>	<b>Questions/Description</b>	<b>Response</b>
<b>SECTION III. The total coating and solvent usage rate is greater than two gallons per week. (continued)</b>		
(10)	What is the heat source for the heater(s), drying oven(s), or curing oven(s)? Indicate heat source: <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Liquefied Petroleum Gas	
(10)	If the heater, drying oven, or curing oven is not electric, is the maximum heating rate of the unit(s) less than or equal to 5 million British thermal units per hour (MMBtu/hr)?  Indicate rating: <b>1.0</b> MMBtu/hr	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(10)	Will waste coatings, solvents, oils or other automotive fluids be used as fuel?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(11)(A)	What is the tallest building within 200 feet of the auto body shop exhaust stack(s)? <input checked="" type="checkbox"/> Auto Body Shop <input type="checkbox"/> Another Building <b>18</b> _____ ft  <i>Note: The height of the building should be measured from the ground to the peak of the roof.</i>	
(11)(B)	Is the auto body shop filter stack(s) at least 1.2 times the peak roof height measurement in Question (11)(A)?  <b>25</b> _____ ft.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(11)(C)	Will the auto body shop filter stack(s) be at least as high as the ground level elevation within 250 feet from the facility in any direction?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(12)	Is the exhaust stack from any spray booth, spray area, and/or preparation area at least 50 feet from any residence, recreation area, school, church, child care facility, or medical/dental facility?  Indicate the actual distance _____ <b>966.37</b> ft.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(13)	Are rain caps, goose neck exhaust, or other stack heads used?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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Rule	Questions/Description	Response
<b>SECTION III. The total coating and solvent usage rate is greater than two gallons per week. (continued)</b>		
(14)	List the volatile organic compound (VOC) content of the refinishing coatings used as required by <a href="#">30 TAC § 115.421</a> .  <i>Note: The VOC contents must be within the specified limits. The VOC content can be found on the Material Safety Data Sheet for the coating which can be obtained from the coating manufacturer.</i>	
	<b>Coating Category/Coating Limit (lb VOC/gal)</b>	<b>Actual VOC (lb VOC/gal)</b>
	Primers or Primer Surfaces /5.0	<u>4.8</u>
	Pre-coats /5.5	<u>N/A</u>
	Pretreatments /6.5	<u>6.5</u>
	Single-stage Systems /5.0	<u>N/A</u>
	Basecoat/Clear Coat System/ 5.0	<u>5.0</u>
	Three-stage Topcoats /5.2	<u>5.0</u>
	Specialty Coatings /7.0	<u>7.0</u>
	Sealers /6.0	<u>4.6</u>
	Wipe-down Solutions /1.4	<u>0.2</u>
(15)	List the usage rates of the refinishing coatings used as required by <a href="#">30 TAC § 115.421</a> .  <i>Note: The usage rates must be within the specified limits.</i>	
	<b>Coating Category/Coating Limit (gal/month)</b>	<b>Estimated Usage (gal/month)</b>
	Cleanup Solvents/50	<u>10</u>
	Wipe Solvents/50	<u>10</u>
	Pre-coats/50	<u>N/A</u>
	Pretreatments/50	<u>1</u>
	Sealers/50	<u>3</u>
	Primers or Primer Surfaces/175	<u>4</u>
	Topcoats/320	<u>15</u>
	Specialty Coating/50	<u>N/A</u>

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<b>Rule</b>	<b>Questions/Description</b>	<b>Response</b>
(16)	Will the owner or operator of the shop set up and maintain a centralized recordkeeping system that includes Material Safety Data Sheets (MSDS), monthly coatings purchases or usage records, and hazardous waste management records, and keep records for a consecutive 24-month period?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(17)	Has the shop ensured that it will not create a nuisance as defined in <a href="#">30 TAC § 101.4</a> ?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	<b>Other Applicable Rules and Regulations</b>	<b>Response</b>
	Is the facility subject to <a href="#">40 CFR Part 60, NSPS Subpart MM</a> for automobile and light duty truck surface coating operations?  Why? _____.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Is the facility subject to <a href="#">40 CFR Part 63, MACT Subpart IIII</a> for automobile and light duty truck surface coating operations?  Why? _____.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**Record Keeping:** In order to demonstrate compliance with the general and specific requirements of this PBR, the owner or operator of the shop must set up and maintain a centralized recordkeeping system that includes Material Safety Data Sheets (MSDS), monthly coatings purchases or usage records, and hazardous waste management records, and keep records for a consecutive 24-month period. The registrant should also become familiar with the additional record keeping requirements in [30 TAC § 106.8](#). The records must be made available immediately upon request to the commission or any air pollution control program having jurisdiction. If you have any question about the type of records that should be maintained, contact the Air Program in the [TCEQ Regional Office](#) for the region in which the site is located.

**Recommended Calculations Methods:** In order to demonstrate compliance with this PBR, the registrant may use the emission factors for each air contaminant from the EPA Compilation of Air Pollutant Emission Factors (AP-42), Fifth Edition, Volume 1, Chapter 4: Evaporation Loss Sources at: [www.epa.gov/ttn/chief/ap42/index.html](http://www.epa.gov/ttn/chief/ap42/index.html).

**Texas Commission on Environmental Quality  
Registration for Permits by Rule (PBR)  
Form PI-7  
(Page1)**

<b>I. Registrant Information</b>		
A. Company or Other Legal Customer Name:		
<b>Caliber Bodyworks of Texas, Inc.</b>		
B. Company Official Contact Information ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Other:)		
Name: <b>Sharon Lawrence</b>		
Title: <b>Director, Licensing &amp; Lease Administration</b>		
Mailing Address: <b>2941 Lake Vista Drive</b>		
City: <b>Lewisville</b>	State: <b>TX</b>	ZIP Code: <b>75067</b>
Phone: <b>469-948-9500</b>	Fax:	
E-mail Address: <b>licenseandpermits@calibercollision.com</b>		
<i>All PBR registration responses will be sent via e-mail unless a hard copy is specifically requested. The company official must initial here if hard copy is requested.</i>		
C. Technical Contact Information ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:)		
Name: <b>Brandon Thomas</b>		
Title: <b>President</b>		
Company Name: <b>GMG EnviroSafe</b>		
Mailing Address: <b>1341 W Fullerton Ave, Suite 307</b>		
City: <b>Chicago</b>	State: <b>IL</b>	ZIP Code: <b>60614</b>
Phone: <b>(800)619-9733</b>	Fax:	
E-mail: <b>licenseandpermits@calibercollision.com</b>		
<b>II. Facility and Site Information</b>		
A. Name and Type of Facility		
Facility Name: <b>Caliber Collision Centers – Texarkana 0729</b>		
Type of Facility:	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
For portable units, please provide the serial number of the equipment being authorized below.		
Serial No: <b>N/A</b>	Serial No: <b>N/A</b>	

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<b>II. Facility and Site Information (<i>continued</i>)</b>		
<b>B. Facility Location Information</b>		
Street Address <b>908 Piney</b>		
If there is no street address, provide written driving directions to the site and provide the closest city or town, county, and ZIP code for the site (attach description if additional space is needed).		
N/A		
City: <b>Texarkana</b>	County: <b>Bowie</b>	ZIP Code: <b>75501</b>
<b>C. TCEQ Core Data Form</b>		
Is the Core Data Form (TCEQ Form Number 10400) attached?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If "NO," provide customer reference number (CN) and regulated entity number (RN) below.		
Customer Reference Number (CN): <b>CN605852672</b>		
Regulated Entity Number (RN): <b>N/A</b>		
<b>D. TCEQ Account Identification Number (if known): N/A</b>		
<b>E. PBR number(s) claimed under 30 TAC Chapter 106</b>		
(List all the individual rule number(s) that are being claimed.)		
106. <b>436</b>	106.	
106.	106.	
106.	106.	
<b>F. Historical Standard Exemption or PBR</b>		
Are you claiming a historical standard exemption or PBR?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter rule number(s) and associated effective date in the spaces provided below.		
Rule Number(s)	Effective Date	
N/A	N/A	

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<b>II. Facility and Site Information (<i>continued</i>)</b>	
<b>G. Previous Standard Exemption or PBR Registration Number</b>	
Is this authorization for a change to an existing facility previously authorized under a standard exemption or PBR?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter previous standard exemption number(s) and PBR registration number(s), and associated effective date in the spaces provided below.	
Standard Exemption and PBR Registration Number(s)	Effective Date
N/A	N/A
<b>H. Other Facilities at this Site Authorized by Standard Exemption, PBR, or Standard Permit</b>	
Are there any other facilities at this site that are authorized by an Air Standard Exemption, PBR, or Standard Permit?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter standard exemption number(s), PBR registration number(s), and Standard Permit registration number(s), and associated effective date in the spaces provided below.	
Standard Exemption, PBR Registration, and Standard Permit Registration Number(s)	Effective Date
N/A	N/A
<b>I. Other Air Preconstruction Permits</b>	
Are there any other air preconstruction permits at this site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter permit number(s) in the spaces provided below.	
N/A	N/A
<b>J. Affected Air Preconstruction Permits</b>	
Does the PBR being claimed directly affect any permitted facility?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter the permit number(s) in the spaces provided below.	
N/A	N/A

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<b>II. Facility and Site Information (continued)</b>	
<b>K. Federal Operating Permit (FOP) Requirements (30 TAC Chapter 122 Applicability):</b>	
Is this facility located at a site that is required to obtain a FOP pursuant to 30 TAC Chapter 122?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> To Be Determined
If the site currently has an existing FOP, enter the permit number: <b>N/A</b>	
1. Check the requirements of 30 TAC Chapter 122 that will be triggered if this claim is accepted ( <i>check all that apply</i> ).	
<input type="checkbox"/> Initial Application for an FOP <input type="checkbox"/> Significant Revision for SOP <input type="checkbox"/> Minor Revision for SOP <input type="checkbox"/> Operational Flexibility/Off Permit Notification for an SOP <input type="checkbox"/> Revision for GOP <input type="checkbox"/> To be Determined <input checked="" type="checkbox"/> None	
2. Identify the type(s) of FOP issued and/or FOP application(s) submitted/pending for the site. ( <i>check all that apply</i> )	
<input type="checkbox"/> SOP <input type="checkbox"/> GOP <input type="checkbox"/> GOP application/revision (submitted or under APD review) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> SOP application/revision (submitted or under APD review)	
<b>III. Fee Information</b> ( <i>see Section VII. for address to send fee or go to <a href="http://www6.tceq.texas.gov/epay">www6.tceq.texas.gov/epay</a> to pay online</i> )	
<b>A. Fee Requirements</b>	
Is a fee required per 30 TAC § 106.50?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "NO," specify the exception ( <i>check all that apply</i> )	
1. Registration is solely to establish a federally enforceable emission limit.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Registration is within six months of an initial PBR review, and is addressing deficiencies, administrative changes, or other allowed changes.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Registration is for a remediation project (30 TAC § 106.533).	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>B. Fee Amount</b>	
1. A \$100 fee is required if <i>any</i> of the answers in III.B.1 are "YES."	
This business has less than 100 employees.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
This business has less than 6 million dollars in annual gross receipts.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
This registration is submitted by a governmental entity with a population of less than 10,000.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
This registration is submitted by a non-profit organization.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. A \$450 fee is required for all other registrations.	



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<b>III. Fee Information</b> (see Section VII. for address to send fee or go to <a href="http://www6.tceq.texas.gov/epay">www6.tceq.texas.gov/epay</a> to pay online) <b>(continued)</b>		
<b>C. Payment Information</b>		
Is a copy of the check, voucher, or money order attached?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Check/money order/transaction or voucher number:		
Individual or company name on check:		
Fee Amount:		
Was fee paid online?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>IV. Selected Facility Reviews and Voluntary Registrations Only</b>		
<i>Note: If registering any of the PBRs listed in IV.B., or if voluntarily registering any other PBR(s), complete this section, then skip to Section VI. below:</i>		
<b>A. List any PBRs that are being voluntarily registered.</b>		
106. <b>436</b>	106.	106.
106.	106.	106.
<b>B. PBR Checklists</b>		
If you are registering any of the following PBRs, did you attach the applicable PBR checklists that shows your facility meets all general and specific requirements? <ul style="list-style-type: none"> <li><i>Animal Feeding Operations § 106.161, Livestock Auction Facilities § 106.162, Saw Mills § 106.223, Grain Handling, Storage and Drying § 106.283, Auto Body Refinishing Facilities § 106.436, or Air Curtain Incinerator § 106.496</i></li> </ul> (If "NO" then you <b>must</b> provide <b>all</b> technical information outlined in Section V.)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>C. Distances to Property Line and Nearest Off-Property Structure</b>		
Distance from this facility's emission release point to the nearest property line:	<b>45.72</b>	feet
Distance from this facility's emission release point to the nearest off-property structure:	<b>60.42</b>	feet

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**V. Technical Information Including State and Federal Regulatory Requirements**

**Place a check next to the appropriate box to indicate what you have included it in your submittal.**

**NOTE:** Any technical or essential information needed to confirm that facilities are meeting the requirements of the PBR must be provided. Not providing key information could result in an automatic deficiency and voiding of the project.

**A.** PBR requirements (Checklists are optional; however, your review will go faster if you provide applicable checklists.)

Did you demonstrate that the general requirements in 30 TAC § 106.4 are met?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
------------------------------------------------------------------------------	---------------------------------------------------------------------

Did you demonstrate that the individual requirements of the specific PBR are met?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
-----------------------------------------------------------------------------------	---------------------------------------------------------------------

<b>B.</b> Confidential Information (All pages properly marked "CONFIDENTIAL")	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
-------------------------------------------------------------------------------	---------------------------------------------------------------------

<b>C.</b> Process Flow Diagram	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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<b>D.</b> Process Description	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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<b>E.</b> Maximum Emissions Data and Calculations	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
---------------------------------------------------	---------------------------------------------------------------------

**Note:** If the facilities listed in this registration are subject to the Mass Emissions Cap & Trade program under **30 TAC Chapter 101, Subchapter H, Division 3**, the owner/operator of these facilities must possess NO<sub>x</sub> allowances equivalent to the actual NO<sub>x</sub> emissions from these facilities.

**F.** Distance from Property Line and Nearest Off-Property Structure

Distance from this facility's emission release point to the nearest property line:	<b>45.72</b> feet
------------------------------------------------------------------------------------	-------------------

Distance from this facility's emission release point to the nearest off-property structure:	<b>60.42</b> feet
---------------------------------------------------------------------------------------------	-------------------

**G.** Project Status

Has the company implemented the project or waiting on a response from TCEQ?	<input checked="" type="checkbox"/> Implemented <input type="checkbox"/> Waiting
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------

**H.** Projected Start of Construction and Projected Start of Operation Dates: **N/A**

Projected Start of Construction (provide date): **N/A**

Project Start of Operation (provide date): **N/A**

**VI. Delinquent Fees and Penalties**

This form **will not be processed** until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ is paid in accordance with the Delinquent Fee and Penalty Protocol. For more information regarding Delinquent Fees and Penalties, go to the TCEQ Web site at [www.tceq.texas.gov/agency/delin/index.html](http://www.tceq.texas.gov/agency/delin/index.html).

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<b>VII. Copies of the Registration</b>		
<b>Processing delays may occur if copies are not sent as noted. Copies must be sent as listed below:</b>		
<b><i>Who</i></b>	<b><i>Where</i></b>	<b><i>What</i></b>
Air Permits Initial Review Team (APIRT)	Regular, Certified, Priority Mail MC 161, P.O. Box 13087 Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 161, 12100 Park 35 Circle, Building C, Third Floor Austin, Texas 78753	Originals of Form PI-7, Core Data Form, and all attachments; not required if using ePermits <sup>1</sup>
Revenue Section, TCEQ	Regular, Certified, Priority Mail MC 214, P.O. Box 13088 Austin, Texas 78711-3088 Hand Delivery, Overnight Mail MC 214, 12100 Park 35 Circle, Building A, Third Floor Austin, Texas 78753	Original Money Order or Check, Copy of Form PI-7, and Core Data Form; not required if fee was paid using ePay <sup>2</sup>
Appropriate TCEQ Regional Office	To find your Regional Office address, go to the TCEQ Web site at <a href="http://www.tceq.texas.gov/publications/gi/gi-002.html">www.tceq.texas.gov/publications/gi/gi-002.html</a> or call (512) 239-1250.	Copy of Form PI-7, Core Data Form, and all attachments
Appropriate Local Air Pollution Control Program(s)	To Find your local or Regional Air Pollution Control Programs go to the TCEQ, APD Website at <a href="http://www.tceq.texas.gov/permitting/air/local_programs.html">www.tceq.texas.gov/permitting/air/local_programs.html</a> or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments

<sup>1</sup> ePermits located at [www3.tceq.texas.gov/steers/](http://www3.tceq.texas.gov/steers/)

<sup>2</sup> ePay located at [www3.tceq.texas.gov/epay/](http://www3.tceq.texas.gov/epay/)

TCEQ 10228 (APDG 5096v19, Revised 02/15) PI-7

This form is used by sources subject to air quality permit requirements and may be revised periodically.