



**Tuolumne County
Air Pollution Control District
Annual Reporting Form
Surface Coating Operations**

(Please complete all of the following information)

Company Name: _____
Company Location: _____
Mailing Address: _____
Company Contact: _____ Telephone: _____
Contact Email: _____ Fax: _____

- 1) Calendar year of the information reported: **2023**
- 2) Operating schedule: Hrs/Day _____ Days/Week _____ Weeks/Yr _____
- 3) Total hours of operation during the calendar year: _____
- 4) Types of objects coated:

5) 2023 Production/Usage:

Coatings / Solvents used: (lbs/gal):	Product / Manufacturer Name:	Gals/Year:	VOC
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use the back of this form for additional comments or clarification.

