

MACT 6H NOTIFICATION / CERTIFICATION OF COMPLIANCE STATUS

PAINT STRIPPING AND MISCELLANEOUS SURFACE COATING AREA SOURCES NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHAP) SUBPART HHHHHH
[40 CFR Part 63 Subpart HHHHHH](#)

Facility Information (Physical Location)		
1. Facility Name:		
2. Facility Address:		
City:	State:	ZIP Code:
3. On-Site Contact Name:		Title:
Phone Number:		Email:
4. Are the required compliance records located at a location other than the facility? Yes No <i>If "Yes", complete #5-#6.</i>		
5. Facility Address:		
City:	State:	ZIP Code:
6. Contact Name:		Title:
Phone Number:		Email:
Company Information (Owner/Operator)		
7. Owner Name:		Title:
Phone Number:		Email:
8. Owner Mailing Address:		
City:	State:	ZIP Code:
9. Is the operator the same person as the owner? Yes No <i>If "No", complete #10-#11.</i>		
10. Operator Name:		Title:
Phone Number:		Email:
11. Operator Mailing Address:		
City:	State:	ZIP Code:
12. Is the Certifying Official the same as the owner? Yes No <i>If "No", complete #13-#14.</i>		
13. Certifying Official's Name:		Title:
Phone Number:		Email:
14. Certifying Official's Mailing Address:		
City:	State:	ZIP Code:

