

F & A RECEIPT # 778531

MAY 7 2012

CHROMIUM ELECTROPLATERS AND ANODIZERS RECEIVED
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET

MAY 08 2012

DIVISION OF AIR
RESOURCE MANAGEMENT

Facility Identification Number - If known (seven digit number)

0251357-001

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit). If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using an air general permit.

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C.
- Any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

NA

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

Aerospace Maintenance Supply & Services, dba AMS

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)

Facility Location (Physical location of the facility, not necessarily the mailing address.)

Street Address: 8161 NW 91 Terr.

City: Medley

County: Miami-Dade

Zip Code: 33166 - 2134

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility.)

July 5, 2012

Facility Contact

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: Jose I. Perez, President

Facility Contact Telephone Numbers

Telephone: 305 885 0899

Fax: 305 885 0898

Cell phone: 786 436 1212

E-mail: Jose.Perez@amsNDT.com

Facility Contact Mailing Address

Organization/Firm: AMS

Mailing Address: 8161 NW 91 Terr.

City: Medley

County: Miami-Dade

Zip Code: 33166

Correspondence Contact/Representative (to serve as additional Department contact)

Name and Position Title Barbara Arnosa, Secretary

Print Name and Title: Rita Perez, Vice President

Correspondence Contact/Representative Telephone Numbers

Telephone: 305 885 0899

Fax: 305 885 0898

Cell phone: 786 436 1212 305 491 4763

E-mail: rita.perez@meplating.com

Barnosa@aol.com

Correspondence Contact/Representative Mailing Address

Organization/Firm: _____

Mailing Address: _____

City: _____

County: _____

Zip Code: _____

Government Facility Code (check only one)

- Facility not owned or operated by a federal, state, or local government.
- Facility owned or operated by the federal government.
- Facility owned or operated by the state.
- Facility owned or operated by the county.
- Facility owned or operated by the municipality.
- Facility owned or operated by a water management district.

Key for Control Device Type

PBS = packed-bed scrubber

CMP = composite mesh pad

PBS/CMP = packed-bed scrubber and composite mesh pad

FS = fume suppressant only

FS/WA = fume suppressant with a wetting agent

FM = fiber-bed mist eliminator

WA = wetting agent

Applicable Standard Key

x = 0.01 mg/dscm

y = 45 dynes/cm

z = records of bath components

(trivalent Cr tanks only)

c = alternative standard for multiple tanks
under common control

2. Indicate how the facility will fulfill the compliance demonstration (check one):

The facility will conduct an initial performance test

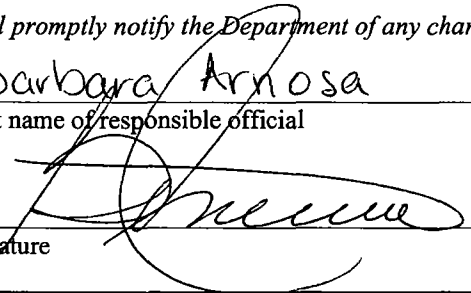
The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 1 above.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Barbara Arnosa
Print name of responsible official


Signature

May 4, 2012
Date