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DEPARTMENT OF ENVIRONMENTAL PROTECTION

**SURFACE COATING OPERATIONS
AIR GENERAL PERMIT REGISTRATION FORM**

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy onsite)

Instructions: To give notice to the Department of an eligible facility's intent to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the appropriate Department of Environmental Protection or local air pollution control program office which has permitting authority. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050, F.A.C. (\$100 as of the effective date of this form)

0990688-001

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
 Operate an existing 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).

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., or 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 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. In such case, check the first box, and indicate the operation permits being surrendered. If no air operation permits are held by the facility, check the second box.

- All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s): _____
 No air operation permits currently exist for this facility.

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.)

Robert Plainte, The Wheel Wizard **INC.**

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

WPBAA

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

Street Address: 600 Sansbury Way

City: West Palm Beach

County: Palm Beach

Zip Code: 33411

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

10/10/07

Owner/Authorized Representative

Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.)

Print Name and Title: Robert Plainte , President

Owner/Authorized Representative Mailing Address

Organization/Firm: The Wheel Wizard

Street Address: P.O. Box 1345

City: Nokomis

County: Sarasota

Zip Code: 34274

Owner/Authorized Representative Telephone Numbers

Telephone: (941) 400-9510

Fax: (941) 822-0010

Cell phone (optional):

Facility Contact (If different from Owner/Authorized Representative)

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

Print Name and Title: same as above

Facility Contact Mailing Address

Organization/Firm:

Street Address:

City:

County:

Zip Code:

Facility Contact Telephone Numbers

Telephone:

Fax:

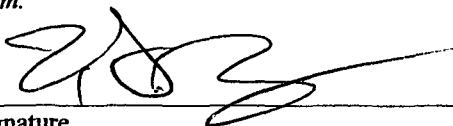
Cell phone (optional):

Owner/Authorized Representative Statement

This statement must be signed and dated by the person named above as owner or authorized representative

I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Registration Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for use of this air general permit and that the statements made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.

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



Signature

08-04-09

Date

Material Usage Rates

If this is an **initial registration** for a surface coating operation, provide an estimate of the average quantity of volatile organic compounds in all coatings (solvents and thinners) expected to be used on a daily basis.

8 lbs / day estimating worst case scenario usage per month (estimated at 25 days) of 8 gallons of paint with a max voc of 5 lbs/gal and 15 gallons of thinner with a max voc of 10 lbs/gal.

If this is a **re-registration** for an existing surface coating operation, provide the highest monthly average of the daily quantity of volatile organic compounds in all coatings (solvents and thinners) used in the last five years. Indicate the month and year during which this usage occurred.

Description of Facility

Below, or as an attachment to this form, provide a description of the surface coating operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

This facility performs spot/touch up repairs to wheels of high end vehicles. This work consists of cleaning wheels, repairing scratches and/or dents by grinding and polishing them away and then repainting the wheel. All painting is done using HVLP guns utilizing cups of 3oz or less. All paints used do not contain any HAP and air pollution is controlled by minimizing the spraying performed and controlling the quantities with the gun set up and employee training. Guns are not cleaned by spraying solvent/thinner into the air, but instead cleaned by hand. Separate guns are used for the different paints and clears to minimize the need for gun cleaning itself and the generation of hazardous waste.

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044869

**FILED
Apr 30, 2009
Secretary of State**

Entity Name: THE WHEEL WIZARD, INC.

Current Principal Place of Business:

997 S. TAMiami TRAIL
SUITE C 220
NOKOMIS, FL 34275

New Principal Place of Business:

997 S. TAMiami TR.
SUITE C 220
NOKOMIS, FL 34275

Current Mailing Address:

PO BOX 1345
NOKOMIS, FL 34274

New Mailing Address:

FEI Number: 76-0732143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLAINTE, ROBERT
977 S. TAMiami TRAIL
SUITE C 220
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PLAINTÉ, ROBERT
Address: PO BOX 1345
City-St-Zip: NOKOMIS, FL 34274

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT PLAINTÉ

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date