

# ANNUAL REPORT

## FOR BATCH VAPOR OR IN-LINE HALOGENATED SOLVENT CLEANING MACHINES

Machines Complying with the **Equipment Standard** (40 CFR § 63.463)

(Applicable Rule: 40 CFR Part 63, Subpart T)

Owner/Operator/ Title				
Mailing Address				
City		State	Zip	
Facility Name				
Street Address (i.e., Physical Location)				
City		State	Zip	
Contact Person		Title	Phone	
List All Applicable Air Quality Permit/Authorization Number(s)				
Reporting Period	Beginning Date:		Ending Date:	
All operators of solvent cleaning machines have received training on the proper operation of solvent cleaning machines and their control devices sufficient to pass the test required in 40 CFR § 63.463(d)(10).				
Machine ID#	Machine Type <sup>1</sup>	Estimated Solvent Consumption during the Reporting Period (Indicate kg/yr or lb/yr)		
<b>Certification: This notification has been submitted as required by 40 CFR § 63.468(f). Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this notification are true, accurate, and complete.</b>				
Responsible Official (signature)				
Responsible Official (typed)			Date	
Responsible Official Title			Phone	