



South Coast Air Quality Management District

### Form 400-E-20 Plasma Arc/Laser Cutter

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

**Mail To:**  
SCAQMD  
P.O. Box 4944  
Diamond Bar, CA 91765-0944

Tel: (909) 396-3385  
www.aqmd.gov

#### Section A - Operator Information

<b>Facility Name</b> (Business Name of Operator That Appears On Permit): _____	<b>Valid AQMD Facility ID</b> (Available On Permit Or Invoice Issued By AQMD): _____
<b>Address where the equipment will be operated</b> (for equipment which will be moved to various locations in AQMD's jurisdiction, please list the initial location site): _____	
<b>Fixed Location</b>	<b>Various Locations</b>

#### Section B - Equipment Description

<b>Equipment</b>	<b>1. Manufacturer:</b> _____		<b>Model:</b> _____		<b>Serial No.:</b> _____	
	<b>2. Cutting Method</b>		<b>Plasma</b>	<b>Laser</b>	<b>Other</b> _____	
	<b>3. a) Dry cutting</b>		<b>Semi-Wet Cutting</b>	<b>Wet Cutting</b>		
	<b>b) Handheld</b>		<b>Table</b>			
	<b>4. Equipment Dimensions</b> W _____ inches    x    L _____ inches    x    H _____ inches					
	<b>5. Power Rating</b> _____    KW    KVA					
	For plasma arc cutting: Power Supply Manufacturer _____				Model _____	
	<b>6. Maximum Thickness of Metal Cut</b>				_____ inches	
	<b>7. Maximum Cutting Speed at Thickness above</b>				_____ inches/min	
	<b>8. Maximum Cutting Width (KERF) of plasma or laser beam</b>				_____ inches	_____ millimeters
<b>9. Type and Amount of Material Being Cut (Select all that apply.)</b>						
Stainless Steel		_____ ft / day	_____ lbs / day	_____ ft <sup>3</sup> / day		
Mild Steel		_____ ft / day	_____ lbs / day	_____ ft <sup>3</sup> / day		
Other _____		_____ ft / day	_____ lbs / day	_____ ft <sup>3</sup> / day		
Attach Material Safety Data Sheets (MSDS) for each metal cut. Also attach manufacturer's equipment specifications.						
<b>Air Pollution Control* (APC)</b>	Is this equipment vented to APC equipment?    No    Yes    If Yes, a separate permit is required.					
	If Yes, describe APC: _____					
	If already permitted:    Permit No.: _____    OR    Application No.: _____					
*If you are cutting metals that contain chrome and/or nickel, a control device with HEPA filters may be required.						

#### Section C - Operating Information

<b>Schedule</b>	<b>Normal:</b> _____ hours/day    _____ days/week    _____ weeks/yr
	<b>Maximum:</b> _____ hours/day    _____ days/week    _____ weeks/yr

#### Section D - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

<b>Preparer Info</b>	<b>Signature:</b> _____	<b>Date:</b> _____	<b>Name:</b> _____	
	<b>Title:</b> _____	<b>Company Name:</b> _____	<b>Phone #:</b> _____	<b>Fax #:</b> _____
<b>Contact Info</b>	<b>Name:</b> _____		<b>Phone #:</b> _____	
	<b>Title:</b> _____	<b>Company Name:</b> _____	<b>Email:</b> _____	<b>Fax #:</b> _____

#### THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information. \_\_\_\_\_