



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**

Facility Name (Business Name of Operator That Appears On Permit): \_\_\_\_\_ Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): \_\_\_\_\_

Address where the equipment will be operated (for equipment which will be moved to various locations in AQMD's jurisdiction, please list the initial location site):  
 \_\_\_\_\_ Fixed Location Various Locations

**Section B - Equipment Description**

Equipment	1. Manufacturer: _____ Model: _____ Serial No.: _____
	2. Cutting Method Plasma Laser Other _____
	3. a) Dry cutting Semi-Wet Cutting Wet Cutting
	b) Handheld Table
	4. Equipment Dimensions W _____ inches x L _____ inches x H _____ inches
	5. Power Rating _____ KW KVA For plasma arc cutting: Power Supply Manufacturer _____ Model _____
	6. Maximum Thickness of Metal Cut _____ inches
	7. Maximum Cutting Speed at Thickness above _____ inches/min
	8. Maximum Cutting Width (KERF) of plasma or laser beam _____ inches millimeters
	9. Type and Amount of Material Being Cut (Select all that apply.) 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.

**Air Pollution Control\* (APC)**

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**

**Schedule**

Normal: \_\_\_\_\_ hours/day \_\_\_\_\_ days/week \_\_\_\_\_ weeks/yr  
 Maximum: \_\_\_\_\_ 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.

Preparer Info	Signature: _____ Date: _____	Name: _____
	Title: _____ Company Name: _____	Phone #: _____ Fax #: _____ Email: _____
Contact Info	Name: _____	Phone #: _____ Fax #: _____
	Title: _____ Company Name: _____	Email: _____

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.