

CALIBER COLLISION

TO: Idaho Dept of env. / Air quality Dept.

FROM: LORI EATON, REGULATORY COMPLIANCE COORDINATOR
CELL PHONE NUMBER: (940) 536-8106
EMAIL: Lori.Eaton@CaliberCollision.com and copy
IntegrationLicensing@CaliberCollision.com

DATE: 5/18/23

RECEIVED
MAY 22 2023
DEPARTMENT OF ENVIRONMENTAL QUALITY
STATE A Q PROGRAM

ATTACHED PLEASE FIND THE BUSINESS LICENSE APPLICATION. IF YOU SHOULD NEED FURTHER INFORMATION, PLEASE GIVE ME A CALL.

PLEASE EMAIL US A COPY OF THE PERMIT BEFORE MAILING THE DOCUMENT:
LICENSEANDPERMITS@CALIBERCOLLISION.COM and cc Lori.Eaton@CaliberCollision.com

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THANK YOU

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Please see instructions on second page before filling out the form.

FACILITY AND PERMIT INFORMATION		
1. Facility Name: Caliber Holdings LLC DBA Caliber Collision Center - Pocatello 0298	2. Facility ID Number:	
3. Brief Project Description: Initial permit to construct		
4. Facility Contact Name: Lori Eaton	5. Facility Contact Title: Sr. Integration Licensing Coordinator	
6. Facility Contact Telephone Number: 469-948-9500	7. Facility Contact Email: licenseandpermits@calibercollision.com	
8. Mailing address where permit will be sent (street/city/state/zip code): 2941 Lake Vista Lewisville, TX 75067	9. Physical address of facility (if different than mailing address) (street/city/state/zip code): 145 East Briscoe Chubbuck, ID 83202	
10. County Facility is located Bannock		
11. Is the equipment portable? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
12. NAICS codes Primary NAICS: 811121	Secondary NAICS (if applicable):	
13. Brief business description and principal product produced: Auto Body collision repair and refinish		
14. Describe any contiguous or adjacent facility this company owns or operates: N/A		
15. Permit Application Type. Provide Permit Number for existing permit. For a PTC, an application fee is required.	<input checked="" type="checkbox"/> Initial Permit to Construct (PTC) <input type="checkbox"/> PTC Modification	PTC No. _____ Issued Date _____
	<input type="checkbox"/> Initial Tier II <input type="checkbox"/> Tier II Modification <input type="checkbox"/> Tier II Renewal	Tier II No. _____ Issued Date _____
	<input type="checkbox"/> Initial Tier I <input type="checkbox"/> Tier I Administrative Amendment <input type="checkbox"/> Tier I Minor Modification <input type="checkbox"/> Tier I Significant Modification <input type="checkbox"/> Tier I Renewal	Tier I No. _____ Issued Date _____
16. For Tier I permitted facilities only: If you are applying for a PTC then you must specify how the PTC will be incorporated into the Tier I permit.	<input type="checkbox"/> Incorporate PTC at the time of Tier I renewal (IDAPA 58.01.01.209.05.a) <input type="checkbox"/> Co-process PTC with Tier I Modification (IDAPA 58.01.01.209.05.b) <input type="checkbox"/> Administrative amend the Tier I to incorporate PTC upon applicant's request (IDAPA 58.01.01.209.05.c)	
17. <input type="checkbox"/> Check here to request facility draft permit before final issuance.		
18. <input type="checkbox"/> Check here to request a permit hand-off meeting.		

Certification of Truth, Accuracy, and Completeness (by Responsible Official)

I hereby certify that based on information and belief formed after reasonable inquiry, the statements and information contained in this and any attached and/or referenced document(s) are true, accurate, and complete in accordance with IDAPA 58.01.01.123 124.

Lori Eaton
 Responsible Official Signature

Sr Integration license coordinator 5/18/21
 Responsible Official Title Date

Lori Eaton
 Print or Type Responsible Official Name