



**Smoke Management Program
 Natural Resources Division
 Oregon Department of Agriculture
 635 Capitol Street NE, Salem, OR 97301
 Phone: 503-986-4701 Fax: 503-986-4730
 Email: afriend@oda.state.or.us**



STACK BURNING PERMIT REGISTRATION RECORD

Please complete the entire form to receive permits.

Only one registration per business/individual permitted during each registration period.

This form **MUST** be mailed, faxed, emailed, or hand delivered to the Oregon Department of Agriculture (ODA), Smoke Management Program; and must be received by 5:00 p.m. on the last day of the registration period.

JANUARY 2 - JANUARY 31 for the **First** stack burn **REGISTRATION PERIOD**

FEBRUARY 5 - MAY 31 for the **First** stack **BURN PERIOD**

Total maximum acres that can be burned during this period are **250 acres**.

SEPTEMBER 1 - SEPTEMBER 30 for the **Second** stack burn **REGISTRATION PERIOD**

OCTOBER 5 - DECEMBER 31 for the **Second** stack **BURN PERIOD**

Total maximum acres that can be burned during this period are **750 acres**.

(Please Choose One of the Following)

Number of Acres you are registering to be stack burned _____

Number of Tons you are registering to be stack burned _____

STACK BURNING FEES are \$10.00 PER ACRE BURNED (calculated at 2.5 tons per acre).

To be completed by ODA, and will be returned to you with the number of acres you can burn (allocation).

“Allocation” occurs when the number of acres registered, exceeds the number of acres that can be burned.

Allocated acreage is not to exceed _____ acres/tons for the First/Second Stack Burn Season.

BILLING INFORMATION

Grower/Business Name: _____

Contact Person(s): _____ Business Phone: _____

Billing Address: _____ City _____ Zip _____

STACK BURN INFORMATION

Please provide the crossroad location(s) of the place(s) you expect to burn the stack(s). If multiple locations are to be used, please use the back of this form.

HOW TO OBTAIN A STACK BURN PERMIT

- 1. Call 503-986-4755 to learn if stack burning is allowed (“Daily Burn Advisory” is available by email subscription at <http://egov.oregon.gov/ODA/NRD/weather.shtml>).**
- 2. If stack burning is allowed, obtain a permit by calling the ODA Smoke Management Program at 503-986-4701, between 8:00 AM and 4:00 PM Monday through Friday.**

By signing this registration form, I certify that the above information is correct. I agree to pay all burn fees within ten days of the date on the billing invoice. I agree to follow all rules regarding stack burning as outlined in OAR 603-077-0101 through OAR 603-077-0195. Failure to follow all specified rules may result in enforcement action up to, and including, the issuance of civil penalties.

I also understand that the ODA will return a copy of this form with my allocation for the burn period in which I am applying. I agree to not burn my stack(s) unless a stack burn permit has been obtained from an ODA Smoke Management Program staff member.

All dishonored checks or electronic payments will incur a \$25.00 administrative fee per ORS 30.701.

Name of Person Signing (please print) _____

Signature _____ **Date** _____

Additional Stack Burn Crossroad Locations:

OFFICIAL USE ONLY:

Registration for First Burn Period _____ **; Second Burn Period** _____ *(check one)* **Allocation** _____

Customer Number _____ *Date Received:* _____ *Date Entered:* _____ *Initials* _____

Date Burned: _____ Acres/Tons Burned: _____ Person Calling In: _____ Time: _____

Allocation Left to Burn: _____ Invoice Date _____ Invoice Number: AR _____ Amt. Owed \$ _____

Date Burned: _____ Acres/Tons Burned: _____ Person Calling In: _____ Time: _____

Allocation Left to Burn: _____ Invoice Date _____ Invoice Number: AR _____ Amt. Owed \$ _____

Date Burned: _____ Acres/Tons Burned: _____ Person Calling In: _____ Time: _____

Allocation Left to Burn: _____ Invoice Date _____ Invoice Number: AR _____ Amt. Owed \$ _____

Date Burned: _____ Acres/Tons Burned: _____ Person Calling In: _____ Time: _____

Allocation Left to Burn: _____ Invoice Date _____ Invoice Number: AR _____ Amt. Owed \$ _____

Date Burned: _____ Acres/Tons Burned: _____ Person Calling In: _____ Time: _____

Allocation Left to Burn: _____ Invoice Date _____ Invoice Number: AR _____ Amt. Owed \$ _____

Date Burned: _____ Acres/Tons Burned: _____ Person Calling In: _____ Time: _____

Allocation Left to Burn: _____ Invoice Date _____ Invoice Number: AR _____ Amt. Owed \$ _____