

# ADDENDUM

## DUAL OPERATION TIME/DAY SEPARATION OF RETAIL/CARDLOCK CUSTOMERS

Business Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax: \_\_\_\_\_

Facility Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Site Address: \_\_\_\_\_

The owner/operator of this facility proposes to operate this facility as a DUAL OPERATION gasoline dispensing facility in the following manner: (use additional pages if necessary)

1. Hours of operation and days of the week when a qualified attendant will dispense **all** gasoline at this facility (RETAIL HOURS):
  - a. Method of control to be utilized to ensure no customers will dispense gasoline during these hours:
  
2. Hours of operation and days of the week when only qualified non-Retail customers may access and dispense gasoline at this facility (CARDLOCK HOURS):
  - a. Method of control to be utilized to ensure that only qualified cardlock customers may dispense gasoline during these hours:

I certify per ORS 162.075 that as owner/operator of the facility identified by this addendum, I will comply with applicable provisions of ORS 480.310 through 480.385 and Oregon Administrative Rules (OAR) Chapter 837 Division 20 and the terms agreed to herein for the operation of this facility.

Owner/Operator: \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_  
(Business Name) (Authorized Signature) (Date)