



Oregon Department of Environmental Quality

Diesel Emissions Identification Program Voluntary Registration Form

FOR INTERNAL USE ONLY

DEIP Registration Number

All fields are required unless otherwise stated. Submitting this form with incomplete information may result in delayed processing and require additional follow-up.

Step 1: Voluntary Participant Information

Legal Business Name:		Doing Business As (if applicable):	
Physical Address:	City:	State:	Zip Code:
Mailing Address (if different from the physical address):	City:	State:	Zip Code:
Phone Number:	CCB License Number:		

Step 2: Designated Representative Information

Name:	Title:	
Email Address:	Phone Number:	Fax Number:

Step 3: Designated Representative Signature

I understand that by signing this form, any and all information provided will be used by DEQ for the purpose of compliance with OAR Chapter 340 Division 269, and I declare that I am authorized to sign as, or on behalf of, the owner/operator of any equipment or vehicles reported to the program.

Signature: _____ Date: _____

Non-discrimination statement

DEQ does not discriminate on the basis of race, color, national origin, disability, age or sex in administration of its programs or activities. Visit DEQ's [Civil Rights and Environmental Justice page](#).

Translation or other formats

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800-452-4011 | TTY: 711 | deqinfo@deq.oregon.gov



State of Oregon
Department of Environmental Quality