

Please fill out, sign, and submit this form to request a waiver from reporting for a specific quarter. Submitting this form with missing or incomplete information may result in delayed processing and require additional follow-up. You can send the completed form to <u>diesel.emissions@deq.oregon.gov</u>.

Voluntary	Participa	nt Information:
-----------	------------------	-----------------

Business Name:	DEIP Voluntary Registration Number:
Reporting Period and Fleet Identification:	
Calendar Year: 20	
Quarter Requested:	Fleet Identification Number(s):
First Quarter (January - March)	
© Second Quarter (April - June)	
C Third Quarter (July - September)	
© Fourth Quarter (October - December)	
Designated Representative Sworn Stateme	nt:
	ing a sworn statement to DEQ that, to the best of my ld cause a change in fleet designation status or the emissions les previously reported to the program.
Signature:	Date: