



Change of Dry Cleaning Activity Form

For DEQ Use Only

Instructions

Use this form to notify DEQ about changes at your dry cleaning facility or dry store.

Oregon dry cleaning facilities and dry stores are required to notify the Department of Environmental Quality (DEQ) within 60 days of any change in dry cleaning activities. For example, if the business is opened, sold, or closed, or the property owner changes, this form must be submitted.

1. Facility Name: _____

2. Activity Change (check all that apply):
 - Initial notification: If you're starting a new dry cleaning facility or dry store at this location*
Date opened: _____
 - Business change of ownership: _____
Date of change: _____
 - Facility name change: _____
New name: _____
Previous name: _____
 - Business address officially changed through the U.S. Post Office
New address: _____
 - Dry store converting to dry cleaner
 - Dry cleaner converting to dry store
 - Dry cleaner converting to wet cleaner
 - Installation of new dry cleaning machine
Installation date: _____ Solvent type: _____
 - Installation of used dry cleaning machine
Installation date: _____ Solvent type: _____
 - Business converting from dry cleaning activities to other type of business
Type of new business: _____
 - Business closed at this location.
Date of closure: _____

* For perchloroethylene (perc) cleaners, Air Contaminant Discharge Permit fees may apply.

Dry Cleaning facilities that become inactive may continue to be eligible for funding under the dry cleaner program by completing an **Application for Listing Inactive Dry Cleaning Facility form. The form must be completed within 180 days of the facility becoming inactive. Applicable fees are also required.

3. If different from #2 above, how is your facility name filed with the Oregon Secretary of State's Corporations Division?

4. The **physical location** of this facility (Do not enter a P.O. Box):

Street Address: _____

 City: _____ State: Oregon
 ZIP: _____
 Business Phone: _____

5. The **mailing address** of this facility:

Street Address or P.O. Box: _____

City: _____ State: _____
ZIP: _____
Email: _____

6. The **legal owner** of this business or operation:

Name of person or organization: _____
Street Address or P.O. Box: _____

City: _____ State: _____ ZIP: _____
Business Phone: _____ Email: _____

7. The **land owner** of the property where this facility is located:

Name of person or organization: _____
Street Address or P.O. Box: _____

City: _____ State: _____ ZIP: _____
Business Phone: _____ Email: _____

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Signature

Date

Name *(please print)*

Title

Send Completed Form To:

Department of Environmental Quality
Dry Cleaner Program
Headquarters, Operations Division
700 NE Multnomah Street, Suite 600
Portland, OR 97232-4100