

OREGON CLEAN FUELS PROGRAM AGGREGATOR DESIGNATION FORM

(Version 1.2 – 5/20/2020)



State of Oregon
Department of
Environmental
Quality

This CFP Designation Form is used by the Oregon Department of Environmental Quality (ODEQ) to approve the designation of a third-party aggregator by another party that is eligible to participate in the Clean Fuels Program as a credit generator or regulated party. ODEQ must approve the designation of an aggregator in order for the aggregator to report and generate credits or deficits on behalf of the company designating them. The information submitted is subject to ODEQ verification.

SECTION 1. DESIGNATING ORGANIZATION

Company Name: _____

Physical Address: _____

City: _____ Country: _____ State or Province: _____

Zip: _____

Check if mailing address is the same as above

Mailing Address: _____

City: _____ Country: _____ State or Province: _____

Zip: _____

Organization is, or can be, registered in the CFP as a(n):

Credit Generator Importer of Blendstocks Importer of Finished Fuels

Check the boxes that apply:

- | | |
|--|--|
| <input type="checkbox"/> Alternative jet fuel | <input type="checkbox"/> Fossil CNG |
| <input type="checkbox"/> Clear gasoline | <input type="checkbox"/> Bio-based CNG |
| <input type="checkbox"/> Any blend of gasoline and ethanol | <input type="checkbox"/> Fossil LNG |
| <input type="checkbox"/> Clear diesel | <input type="checkbox"/> Bio-based LNG |
| <input type="checkbox"/> Any blend of diesel and biodiesel or renewable diesel | <input type="checkbox"/> LPG |
| <input type="checkbox"/> Biodiesel | <input type="checkbox"/> Bio-based LPG |
| <input type="checkbox"/> Ethanol | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Renewable diesel | <input type="checkbox"/> Hydrogen |
| <input type="checkbox"/> Renewable gasoline or its constituents | |

CFP ID # (if applicable): _____

Please check one and describe the nature of credit/deficit generation you are designating below:

- All credits/deficits are designated to the aggregating organization.
- A portion of credits/deficits are designated to the aggregating organization.

By checking this box and signing below, I am designating the aggregating organization to report on our behalf and that the submission of such reports may lead to the generation of credits or deficits that will be deposited in their CFP Online System account. I also understand that this designation does not relieve our obligations to provide accurate information to the aggregating organization who relies upon factual, operational and technical data and information from the designating organization, and that we maintain our responsibility to ensure that the information provided to the designated aggregating organization on our behalf remain accurate. I further understand that if the aggregating organization is found in violation of OAR Chapter 340 Division 253, ODEQ may also hold the designating organization responsible for those violations.

Signature: _____

Name: _____ Title: _____

Telephone: _____ Fax: _____

E-mail: _____

SECTION 2. AGGREGATING ORGANIZATION

Company Name: _____

Company Web Page: _____

Physical Address: _____

City: _____ Country: _____ State or Province: _____

Zip: _____

Check if mailing address is the same as above

Mailing Address: _____

City: _____ Country: _____ State or Province: _____

Zip: _____

By checking this box and signing below, I understand that I am accepting the designation to be the aggregating organization and accept the CFP responsibility as the Aggregator under OAR-340-253-0100(3). I also understand that by submitting reports on behalf of the designating organization, we will generate the credits/deficits in our CFP Online System. Further, I understand that this designation transfers the obligation to keep records under OAR 340-253-0600 to our organization and that we are responsible for ensuring that the reporting is accurate and will be responsible for those violations.

Signature: _____

Legal Contact

Signature: _____

Name: _____ Title: _____

Telephone: _____ Fax: _____

E-mail: _____

Primary Contact

Check here if the Primary Contact is the same as the Legal Contact above.

Signature: _____

Name: _____ Title: _____

Telephone: _____ Fax: _____

E-mail: _____

Submit the signed and completed form to:
Oregon Department of Environmental Quality
Clean Fuels Program
700 NE Multnomah Street, Suite 600
Portland, OR 97232

In addition, please submit an electronic copy to:
Email: OregonCleanFuels@deq.state.or.us