



State of Oregon
Department of
Environmental
Quality

Employee Commute Options Program Employer Registration Form

Employer name: _____

Work site name (if different): _____

Mailing address, city, zip: _____

Street address, city, zip (if different): _____

	Main contact person	Back-up contact person
Name		
Mailing Address (if different)		
Phone		
E-mail		
Fax No.		

Number of employees assigned to this work site:
(only include persons defined as employees in OAR 340-242-0050 and 340-242-0060)

Do Not Complete below:

Baseline auto trip rate (OAR 340-242-0050):

Target auto trip rate (OAR 340-242-0050):

Please check the boxes that apply to this work site:

- Intend to submit an auto trip reduction plan (OAR 340-242-0160)
- Intend to submit an application for trip reduction credit (OAR 340-242-0260)
- Intend to submit an application for an exemption (OAR 340-242-0270)
- Intend to submit documentation that this work site meets the requirements for areas with restricted parking (downtown and Lloyd District only) (OAR 340-242-0210)
- Request full credit due to low baseline auto trip rate (OAR 340-242-0260)