



FOR DEQ USE ONLY		
Permit Number:	Regional Office:	New
Application No:	Check number:	Renewal
Date Received :	Amount (\$):	Approved (date):
		Staff initials:

**1. Company information:**

Legal Name:	Other company name (if different than legal name):	
Mailing Address:	Site Address (if different than mailing address):	
City, State, Zip Code:	City, County, Zip Code:	
Standard Industrial Classification (SIC)	Number of employees (corporate wide):	Plant Start Date:

2. General permit assignment: \_\_\_\_\_

3. General Permit Attachment Assignment: \_\_\_\_\_

4. Facility changes:

a) Have any activities been added, removed, or changed since your previous application? YES NO If "YES" explain:

b) Has the quantity of air pollutants emitted, as indicated in previous applications, been significantly changed in any way since the last application was submitted? YES NO If "YES" explain:

c) If there are any changes anticipated in the near future that would affect air emissions, attach an explanation or proposal.

5. Signature

<i>I hereby apply for permission to discharge air contaminants in the State of Oregon, as stated or described in this application, and certify that the information contained in this application and the schedules and exhibits appended hereto, are true and correct to the best of my knowledge and belief.</i>	
Name of official (Printed or Typed):	Title of official and phone number:
Signature of official:	Date:

**Submit two copies of the completed application to:**

Oregon Department of Environmental Quality Air Quality Program, Northwest Region Office 700 NE Multnomah St., Suite 600 Portland, Oregon 97232-4100	Oregon Department of Environmental Quality Air Quality Program, Western Region Office 4026 Fairview Industrial Dr. SE Salem, Oregon 97302-1142	Oregon Department of Environmental Quality Air Quality Program, Eastern Region Office 475 NE Bellevue Dr., Suite 110 Bend, Oregon 97701-7415
--	---	---



State of Oregon  
Department of  
Environmental  
Quality

# Re-Assignment for General Air Contaminant Discharge Permit

FORM AQGP-100R  
CONTACT SHEET

## 1. Company Information:

Legal Name:	Other company name (if different than legal name):
-------------	--

## 2. Site Contact Person: *(A person who deals with DEQ staff about equipment problems.)*

Name:	Telephone number:
Title:	Email address:

## 3. Facility Contact Person: *(A person involved with all environmental issues at the facility although they may be housed at a different site.)*

Name:	Telephone number:
Title:	Email address:

## 4. Mailing Contact Person: *(A person for which the company would like all agency communications directed.)*

Name:	Telephone number:
Title:	Email address:

## 5. Invoice Contact Person: *(Valid contact information to which invoices and communications related to resolving invoice questions can be directed.)*

Name:	Telephone number:
Title:	Email address: