

Application for Vapor Recovery Certification

Permit Fee \$25. Make checks payable to:
Oregon DEQ
Financial Services – Revenue Section
700 NE Multnomah St., Suite 600
Portland, OR 97232 - 4100

Email: AQTankers@deq.state.or.us
Phone: 503-229-6736
Website: www.Oregon.gov/deq
Website link: [Vapor Recovery Program](#)

1. Enter Registered Owner Name & Address

Mail Permits to:

DEQ USE ONLY

Date received _____

Amount received _____

Check No. _____

2. Certify Tanker

Owner's unit no. _____ Tank capacity _____

Manufacturer serial No. _____

Date of test _____ Conducted by _____

Pressure change in 5 minutes (max 3") _____ Vacuum change in 5 minutes (max 3") _____

I hereby certify that the tank described above has been tested in accordance with the procedures set forth by the Department of Environmental Quality.

Signature of person conducting test _____

Print or type name _____

3. Complete Your Application

I hereby apply to transfer gasoline to and from delivery vessels per OAR 340, Division 232, and certify that the information in this application is true and correct to the best of my knowledge.

Name of responsible official (print or type)

Signature of official

Title of official and phone no.

Date

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Approved by _____

Date _____

Permit No. _____

Permit expires _____