



APPLICATION FOR VAPOR RECOVERY PERMIT

(PLEASE PRINT OR TYPE)

PERMIT FEE \$25
REMIT AND MAKE CHECKS PAYABLE TO:

Oregon DEQ
Business Office
700 NE Multnomah St, Suite 600
Portland OR 97232

Enter registered owner's name and mailing address in above box

For DEQ use only

Date received _____
Amount received _____
Check No. _____

For Program Information contact:

Susan Curry Phone: 503-229-6736 DEQ-
NWR Office Fax: 503-229-6945 700 NE
Multnomah St, Suite 600
Portland OR 97232
email: aqtankers@deq.state.or.us
website: <http://www.oregon.gov/deq/daq/programs/Pages/Gasoline-Vapor-Recovery.aspx>

TANK DESCRIPTION

Manufacturer's Serial No. _____

Owner's Unit No. _____

Tank Capacity _____

Date of Test _____	Test conducted by (Business name) _____	
Pressure change in 5 minutes (not to exceed 3 inches) _____		Vacuum change in 5 minutes (not to exceed 3 inches) _____

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) _____

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.

Name of responsible official (Printed or Typed) _____	Title of official and phone number _____
Signature of official _____	Date _____

Affix attached permit sticker to cargo tank, near Department of Transportation test date markings. Upon signature by DEQ, this permit is to be retained by the registered owner and available for review by DEQ representative upon request at reasonable times.

FOR DEQ USE

Approved by: _____	Permit No.: _____
Date: _____	Permit Expires: _____
Entered by (initials): _____	