

**Application for General Air Contaminant Discharge Permit**  
**Perchloroethylene Dry Cleaners**

**Form AQGP-106P**  
**Application**

For DEQ Use Only			
Source Number:		Regional Office:	
Application No:		Check number:	
Initial assignment <input type="checkbox"/>	Re-assignment <input type="checkbox"/>	Amount (\$):	Date Received:

**1. Company information:**

Legal Name:			Other company name (if different from legal name):		
Mailing Address:			Site Address:		
City:	State:	Zip Code:	City:	County (required):	Zip Code:

**2. General Air Contaminant Discharge Permit:**

General permit - perchloroethylene dry cleaners (AQGP-006)	Annual Fee
Please submit the following fee with your application	\$360

**3. Signature**

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 official (printed or typed):	Title of official and phone number:
Signature of official:	Date:

<p> <b>Submit two copies of the completed application, a <a href="#">Land Use Compatibility Statement</a> and the applicable Annual Fee to:</b> </p>
<p>           Oregon Department of Environmental Quality            Financial Services – Revenue Section            700 NE Multnomah St., Suite 600            Portland, OR 97232 - 4100         </p>

**Application for General Air Contaminant Discharge Permit  
 Perchloroethylene Dry Cleaners**

**Form AQGP-106P  
 Contact Sheet**

**1. Company Information:**

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

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

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

**3. Facility Contact Person: (If other than the site contact person, a person involved with all environmental issues at the facility although they may be housed at a different site.)**

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

**4. Mailing Contact Person: (If other than the site contact person, a person to whom the company would like all agency communications directed.)**

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

**5. Invoice Contact Person: (If other than the site contact person, a contact to which invoices and communications related to resolving invoice questions can be directed.)**

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	