

**Application for Registration
Perchloroethylene Dry Cleaners**

Form AQGP-106R

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 (if different than mailing address):		
City:	State:	Zip Code:	City:	County (required):	Zip Code:

2. Registration qualification:

2(a). Required environmental practices (you must meet all the following to qualify for registration):

Registration Criteria	
I have a 4th generation dry cleaning machine or better	
I annually train my employees on waste prevention procedures related to the following: <ul style="list-style-type: none"> • Compliance with environmental requirements • Hazardous waste management • Wastewater management • Containment under and around dry cleaning systems • Reporting releases of dry cleaning solvent • Delivery of perchloroethylene solvent 	
I have a spill response plan and spill response material in site	
I agree to implement the following sustainable practices when practicable: <ul style="list-style-type: none"> • Recycle toner cartridges • Reuse office supplies such as file folders/envelopes • Make double-sided copies • Recycle or reuse product supply and packaging materials • Provide recycling containers such as glass, aluminum, plastic, cardboard • Purchase at least one recycled product on a regular basis • Use rechargeable batteries 	

2(b). Additional required environmental practices (you must meet three of the following six to qualify for registration- please check the appropriate boxes):

Registration Criteria (continued)	
I conserve energy by participating in local utility's conservation program	
I sponsor a neighborhood cleanup, tree planting, storm drain stenciling or other environmental project in the community	
I use an Energy Star rated dryer for wet cleaned fabrics	
I offer customers reusable cloth garment bags	
I recycle hangers and plastic bags	
I ask vendors to provide alternatives to hazardous products and have stopped using at least one hazardous product	

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3. Registration Fee

Please submit the following payment with your application:	Fee
Annual Registration Fee	\$216.00

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

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**Form AQGP-106R
 Contact Sheet**

1. Company Information:

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