

Application for General Air Contaminant Discharge Permit and Attachments

Form AQGP- 122 Gasoline Dispensing Facilities

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

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 (required):	Zip Code:

2. General permit assignment (answer the questions below to determine which permit applies to your facility*):

2(a) Stage II Permit:

<input type="checkbox"/> Yes	Check yes if all of the following apply: my facility is located in Clackamas, Multnomah or Washington County and I dispense 600,000 gallons of gasoline or more per year.
<input type="checkbox"/> No	
If yes , proceed to section 3. You are subject to AQGP-023 (stage II permit) and are required to submit an application with applicable fees.	
If no , proceed to section 2 (b).	

2(b) Stage I Permit:

<input type="checkbox"/> Yes	Check yes if the following applies: I dispense 120,000 gallons of gasoline or more during any consecutive 365-day period.
<input type="checkbox"/> No	
If yes , proceed to section 3. You are subject to AQGP-022 (stage I permit) and are required to submit an application with applicable fees.	
If no , you are not subject to AQGP-022 (stage I permit). You are not required to submit an application.	

*Gasoline dispensing facilities are only required to obtain one permit, AQGP-022 or AQGP-023.

3. General permit attachment

<input type="checkbox"/> Yes	Are you currently assigned to a General Air Contaminant Discharge Permit for other non-gasoline dispensing activities at your facility? If so, you may be assigned an attachment to your existing General Permit. Existing source number: _____
<input type="checkbox"/> No	

4. Storage Tanks are: above ground underground I have both

5. 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 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: