



Oregon Department of Environmental Quality
Retrofit Annual Inspection

Vehicle Inspection Program
 Diesel Retrofit Compliance Program
 Oregon DEQ Vehicle Inspection Program
 1240 SE 12th Ave. Portland, OR 97214

Instructions

- Step 1:** Fill out all sections completely.
- Step 2:** Answer each question with a yes or no before moving on to next section.
- Step 3:** Verify documentation and answers, sign and date form.
- Step 4:** Include **ALL** required supporting documents prior to submitting application to DEQ

Section 1: Vehicle/Engine Information

Registered vehicle owner:	Vehicle/fleet contact:
Registered vehicle address:	Phone and email:

*Name of authorized individual to sign or act as company representative if vehicle is registered under company name.

Vehicle Identification # (VIN):	
Vehicle Make/Model:	Vehicle Make/Model:
Engine Manufacturer:	
Engine Model Year:	Engine Model Year:

Section 2: Diesel Emission Control System

DECS Manufacturer:	
DECS Model number:	
Serial Number:	

Opacity and Visual Inspection

(Indicate Yes, No, or Not applicable)

Checklist	Y, N, N/A	Checklist	Y, N, N/A
Opacity Results within 5% limit		Excessive smoke observed	
Excessive soot on /around exhaust		Leakage from clamps/seams of exhaust system	

Translation or other formats

[Español](#) | [한국어](#) | [繁體中文](#) | [Русский](#) | [Tiếng Việt](#) | [العربية](#)

800-452-4011 | TTY: 711 | deqinfo@deq.oregon.gov



Additional information

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DECS visual inspection and monitor check

(Indicate Yes, No, or Not applicable)

Checklist	Y, N, N/A	Checklist	Y, N, N/A
DECS Altered or visibly modified		DECS Label Present	
DECS Monitor functional		DECS Regens (Enter number)	
DECS Monitor display lights/ errors(Add specific error in notes)		Temperature within specified limits	
Engine Backpressure within manufacturer limits(Specify limits and abnormalities below)		DECS cleaned within 12 month period	

Additional information

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Section 3: Installer supplementary signature

Installer please certify the above results complete and sign the following supplementary signature section.

Installer Name (PLEASE PRINT):

Per [OAR 340-256-0540 \(2\)\(A\)](#) Supplementary certification signature, “authorized by Retrofit technology manufacturer certified installer” stating installer conducted a visual inspection, exhaust temperature and engine backpressure report of Approved Retrofit Technology and that it conforms to the manufacturer’s specifications of function and is not operating with decreased efficiency at time of inspection; by signing below, the above-named installer swears, under penalty of perjury, he or she was authorized to perform the inspection by the manufacturer of the Approved Retrofit Technology.

Installer signature: _____ Date: _____

Address: _____	Email: _____
City, State, ZIP: _____	Phone: _____

Section 4: Owner Signature

Owner declares and agrees to maintain compliance with the DEQ Heavy and Medium duty Diesel Retrofit program per [OAR 340-256-0540 \(2\)\(b\)\(3\)](#); Owner agrees to Participate in the Periodic Verification Process; if requested, to comply with all DEQ requests for documentation and verification within time frame set forth by DEQ.

Owner name (please print)

Signature

Non-discrimination statement

DEQ does not discriminate on the basis of race, color, national origin, disability, age or sex in administration of its programs or activities. Visit DEQ's [Civil Rights and Environmental Justice page](#).