

Cleaner Air Oregon Small Business Technical Assistance Form

DEQ may provide Small Business Technical Assistance to qualifying sources under the CAO program related to technical submittals required under the program. This form is required in order to officially register and receive this assistance under the Cleaner Air Oregon program.

1. Company Information Legal Name: Mailing Address:			2. Facility	2. Facility Location Information Name: Street Address:				
			Name:					
			Street Add					
City:	State:	ZIP Code:	City:		County:		ZIP Code:	
3. Facility Contact Information			4. Industri	4. Industrial Classification Code(s)				
Name:	Primary SI	Primary SIC and NAICS:						
Title:	Secondary	Secondary SIC and NAICS:						
Telephone numbe	5. DEQ Air	5. DEQ Air Quality Source Number (if applicable):						
Email Address:								
	loyees do you have o	_	. —	ity is ope	erating?			
Statement of Cer	tification:							
	hat based on inforn is document are tru			easonab	ole inquiry, the	e statem	ents and	
Name of Responsible Official			Title of F	Respons	ible Official			
	Note: Si	ubmit this form usir	ng "Your DEQ O	nline."				