

## TIME SEPERATION APPLICATION ADDENDUM

Business Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Fax: \_\_\_\_\_  
Facility Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Site Address: \_\_\_\_\_

**I propose to operate this fueling site as a DUAL OPERATION separated by time in the following manner:**

**(RETAIL HOURS):**

Hours and days of the week when a **qualified attendant** will dispense **all** gasoline are:

Method used to **prohibit retail customers** from dispensing gasoline during these hours is:

**(CARDLOCK HOURS):**

Hours and days of the week when only **qualified cardlock customers** will access and dispense gasoline are:

Method of control used to ensure that **only qualified cardlock customers** dispense gasoline during these hours is:

I certify per ORS 162.075 as owner/operator of the this facility, that I will comply with the applicable provisions of ORS 480.310 through 480.385 and Oregon Administrative Rules (OAR) Chapter 837 Division 20 and the terms agreed to herein.

\_\_\_\_\_ by: \_\_\_\_\_  
Business Name Authorized Signature Date  
Owner/Operator: