



APPLICATION FOR VAPOR RECOVERY PERMIT

(PLEASE PRINT OR TYPE)

PERMIT FEE \$25
REMIT AND MAKE CHECKS PAYABLE TO:

Oregon DEQ
Business Office
811 SW 6th Ave
Portland OR 97204-1390

Enter registered owner's name and mailing address in above box

For DEQ use only

Date received _____
Amount received _____
Check No. _____

For Program Information contact:

Johnny Baumgartner Ph: 503-229-6035
DEQ-NWR Office Fax: 503-229-6945
2020 SW 4th Ave., Ste 400
Portland OR 97201-4987
email: baumgartner.johnny@deq.state.or.us
website:
www.deq.state.or.us/aq/permit/vapor/vapor.htm

TANK DESCRIPTION

Manufacturer's Serial No. _____ Owner's Unit No. _____ Tank Capacity _____

Date of Test _____ Test Conducted by (Business name) _____
Pressure change in 5 minutes (not to exceed 3 inches) _____ Vacuum change in 5 minutes (not to exceed 3 inches) _____

I hereby certify that the tank described above has been tested in accordance with the procedures set forth by the Department of Environmental Quality.
Signature of person conducting test _____
(Print or Type name) _____

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 responsible official (Printed or Typed) _____ Title of official and phone number _____
Signature of official _____ Date _____

Affix attached permit sticker to cargo tank, near Department of Transportation test date markings. Upon signature by DEQ, this permit is to be retained by the registered owner and available for review by DEQ representative upon request at reasonable times.

FOR DEQ USE	
Approved by: _____	Permit No.: _____
Date: _____	Permit Expires: _____
Entered by (initials): _____	