Change of Dry Cleaning Activity Form

Use this form to notify DEQ about changes at your dry cleaning facility or dry store.

Oregon dry cleaning facilities and dry stores are required to notify the Department of Environmental Quality (DEQ) within 60 days of any change in dry cleaning activities. For example, if the business is opened, sold, or closed, or the property owner changes, this form must be submitted.

1. Facility name: _______________________________________________________________________

2. Activity Change (Check all that apply):

- □ *Initial notification: If you’re starting a new dry cleaning facility or dry store at this location. Date opened ____________
- □ *Business change of ownership: Date of change__________________________________________
- □ *Facility name change: New name ______________________________________________________
  Previous name ________________________________________________________________
- □ *Business address officially changed through the U.S. Post Office. New address ____________
- □ Dry store converting to dry cleaner
- □ Dry cleaner converting to dry store
- □ Dry cleaner converting to wet cleaner
- □ Installation of new dry cleaning machine: Installation date: ______ Solvent type __________
- □ Installation of used dry cleaning machine: Installation date: ______ Solvent type __________
- □ Business converting from dry cleaning activities to other type of business.
  Type of new Business ______________________________________________________________
- □ **Business closed at this location. Date of closure ________________________________________

3. If different from #2 above, how is your facility name filed with the Oregon Secretary of State’s Corporations Division? __________________________________________________________

* For perchloroethylene (perc) cleaners, Air Contaminant Discharge Permit fees may apply.
**Dry Cleaning facilities that become inactive may continue to be eligible for funding under the dry cleaner program by completing an Application for Listing Inactive Dry Cleaning Facility form. The form must be completed within 180 days of the facility becoming inactive. Applicable fees are also required.
4. The PHYSICAL LOCATION of this facility (Do NOT enter a PO Box):

Street Address: ____________________________________________________________
City: ____________________________ State: OR ZIP: ____________________________
Business Phone: ____________________________

5. The MAILING ADDRESS of this facility:

Street Address or PO Box: __________________________________________________
City: ____________________________ State: ___ ZIP: ____________________________
E-mail address: ____________________________

6. The LEGAL OWNER of this business or operation:

Name of person or organization: ____________________________________________
Street Address or PO Box: __________________________________________________
City: ____________________________ State: ___ ZIP: ____________________________
Business Phone: ____________________________ E-mail address: ____________________________

7. The LAND OWNER of the property where this facility is located:

Name of person or organization: ____________________________________________
Street Address or PO Box: __________________________________________________
City: ____________________________ State: ___ ZIP: ____________________________
Business Phone: ____________________________ E-mail address: ____________________________

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

__________________________________ __________________________
Signature Date

______________________________
Name (please print) Title

Send Completed Form To: Oregon DEQ
Oregon DEQ Change of Dry Cleaning Activity
Operations Division
Attn: Dry Cleaner Program
811 SW Sixth Avenue
Portland, OR 97204-1390