



State of Oregon  
Department of  
Environmental  
Quality

## Employee Commute Options Program Employer Registration Form

Employer name: \_\_\_\_\_

Work site name (if different): \_\_\_\_\_

Mailing address, city, zip: \_\_\_\_\_

Street address, city, zip (if different): \_\_\_\_\_

	Main contact person	Back-up contact person
Name		
Mailing Address (if different)		
Phone		
E-mail		

Number of employees assigned to this work site:   
(only include persons defined as employees in OAR 340-242-0050 and 340-242-0060)

Baseline auto trip rate (OAR 340-242-0050): .

Target auto trip rate (OAR 340-242-0050): .

Please check the boxes that apply to this work site:

- Intend to submit an auto trip reduction plan (OAR 340-242-0160)
- Intend to submit an application for trip reduction credit (OAR 340-242-0260)
- Intend to submit an application for an exemption (OAR 340-242-0270)
- Intend to submit documentation that this work site meets the requirements for areas with restricted parking (downtown and Lloyd District only) (OAR 340-242-0210)
- Request full credit due to low baseline auto trip rate (OAR 340-242-0260)