Oregon Department of Environmental Quality

Air Quality Program

811 SW Sixth Avenue Portland, OR 97204-1390 Phone: (503) 229-5696

Website: www.oregon.gov/DEQ/AQ

Application for Electronic Reporting

Facility Details			
Facility ID: Facility Name: Facility Location:			
		missions Report e preferred method of subr	
Direct Data Entry fr	om Website		
Data File Import fro	m Website		
Paper Submittal			

Fac	cility User
Name: Title: Street 1 Street 2 City, State Country Zip Telephone (Area Code + Number): E-Mail: Roles Requested:	☐ Viewer or ☐ Editor (choose one) ☐ Administrator ☐ Submitter (responsible official)¹
Fac Name: Title: Street 1 Street 2 City, State Country Zip Telephone (Area Code + Number): E-Mail: Roles Requested:	□ Viewer or □ Editor (choose one) □ Administrator □ Submitter (responsible official)
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¹ A separate Electronic Reporting Signatory Application is required for each submitter (responsible official)

Facility User Name: Title: Street 1 Street 2 **City, State Country Zip Telephone (Area Code + Number):** E-Mail: Viewer or ☐ Editor (choose one) **Roles Requested:** ☐ Administrator Submitter (responsible official) **Facility User** Name: Title: Street 1 Street 2 City, State Country Zip **Telephone (Area Code + Number):** E-Mail: **Viewer or ☐ Editor** (choose one) **Roles Requested:** Administrator Submitter (responsible official) **Facility User** Name: Title: Street 1 Street 2 **City, State Country Zip Telephone (Area Code + Number):** E-Mail: ☐ Viewer or ☐ Editor (choose one) **Roles Requested:** Administrator Submitter (responsible official)