State of Oregon
DEQ Department of Environmental Quality

DEQ Certificate of Financial Responsibility

Delegation of Authority Form

This form must be completed by the facility or vessel owner or operator if the DEQ COFR Financial Responsibility Application and Checklist has been executed by an authorized representative acting on behalf of the owner or operator.

I, (insert name line) (name of facility owner or operator), hereby declare that (insert name line) (name of authorized representative whose signature appears in the attestation form) is authorized to submit an application for an Oregon Certificate of Financial Responsibility on behalf of the facility owner or operator.

(insert signature line) | (date)

(Printed name)

(Title)

Submitting Party Information

Company name: _____

Contact name: _____

Phone Number: _____ Fax Number (if applicable): _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Responsible Party Information

Company name: _____

Contact name: _____

Phone Number: _____ Fax Number (if applicable): _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Non-discrimination statement

DEQ does not discriminate on the basis of race, color, national origin, disability, age, sex, religion, sexual orientation, gender identity, or marital status in the administration of its programs and activities. For translations or alternate formats, visit DEQ's Civil Rights and Environmental Justice page.