

**MAINE DEP DRYCLEANER REGISTRATION FORM**

Registration is due on or before MARCH 1 for the previous calendar year's activities, and must be signed and verified as accurate and true by the owner or operator of the facility.  
 For assistance call (207) 287-7688.

**Mail to:**

**DEP, Bureau of Air Quality, 17 State House Station, Augusta, ME 04333-0017, Attn. Pete Carleton**

**Or: Scan and e-mail to [peter.g.carleton@maine.gov](mailto:peter.g.carleton@maine.gov)**

<b>FACILITY NAME</b>	_____ Contact: _____ Email Address: _____
<b>MAILING INFORMATION</b>	Street/P.O Box: _____ City: _____ State: ____ Zip code: _____ Phone: _____ e-mail: _____
<b>PLANT LOCATION</b>  <input type="checkbox"/> <i>Drop-off only</i>	911 Address: _____ City: _____ State: ____ Zip code: _____ Phone: _____ e-mail: _____

**PROCESS INFORMATION:** Total Number of Machines: \_\_\_\_

Machine Type	Date Machine Installed	Control Device	Date Control Installed
Dry – to – Dry <i>Sample Data</i>	1/1/2008 <i>Sample Data</i>	Refrigerated Condenser <i>Sample Data</i>	1/1/2008

**Perchloroethylene use and disposal information for Jan. 1 to Dec. 31, \_\_\_\_\_.**

Amount of perchloroethylene purchased:	_____ gal. <i>From Dec. page of Compliance Calendar</i>	
Amount of waste generated and shipped offsite	_____ pounds	
Is there any occupied space directly above or adjacent to the dry cleaning facility (e.g. office, living space, restaurant, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe:
I have stopped using perchloroethylene and disposed of all perchloroethylene legally.	<input type="checkbox"/> Yes	

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_