

# Gas Off Interstate Logo Application

## Gas Business Qualifications

Gas businesses **MUST** meet **ALL** Qualifications

- ☐ Vehicle services, i.e. gasoline, oil, and water (A business that does not offer gasoline, but instead only offers alternative fuels **SHALL NOT** qualify under the Gas legend)
- ☐ Drinking water nearby
- ☐ Restroom facilities nearby
- ☐ Conforms with all applicable laws and ADA guidelines

## Secondary Highway Information

Highway (Can be more than one)

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Nearest Mile point(s)

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Nearest City

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Distance in quarter miles from intersection of highway to facility driveway, up to 15 miles

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## Facility Operating Hours/Days

If your business is not open 7 days/week, 12 hours/day, a supplemental message explaining the shortage will be required and a supplemental message as listed below will not be allowed.

Hours of Operation

From \_\_\_\_\_ ☐ AM ☐ PM To \_\_\_\_\_ ☐ AM ☐ PM

Days of Operation

☐ 7 days/week

OR ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

## Approved Supplemental Messages

Only choose one Supplemental Message

- ☐ 24 Hour
- ☐ Alt Fuels
- ☐ B5 Diesel
- ☐ Biodiesel
- ☐ Cardlock Only
- ☐ Clean Diesel
- ☐ Clear Premium
- ☐ CNG
- ☐ DEF
- ☐ Diesel
- ☐ E85
- ☐ EV or EV Charging
- ☐ LNG
- ☐ Propane
- ☐ RV Access or RV Dump or RV Parking
- ☐ Registered Non-Profit or Governmental Entity (submit proof with application)

## Business Information

Registered Business Name (Rules stipulate that ONLY the REGISTERED BUSINESS NAME is allowed on the logo plaque. Scanning graphics and messages not directly related to the Registered Business Name shall not be displayed.)

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Facility Address

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City

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ZIP Code

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County

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Facility Phone

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Contact Person

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Contact Phone

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Contact Email

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Website

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## Billing / Mailing Address

Billing/Corporate Name

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Address

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City

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State

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ZIP

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Billing Contact Person

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Billing Contact Phone

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Billing Email

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## Certification

I certify that the information herein is correct and understand that non-compliance with TIC rules may result in denial or removal of signage.

Signature

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Printed Name

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Title

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Business Name

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Date

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## Required Attachments

1. Copy of Registered Business Name from Oregon Secretary of State
2. Non-Profit or Governmental proof if applicable
3. Map or sketch of business location relative to highway intersection. The map is vital in determining eligibility. It should clearly show facility location, intersecting roads, landmarks, and distance from intersection to facility. Detail any obstructions that may affect motorist safety.
4. Photographs of signage at facility

**USE EXTREME CAUTION** when taking photographs. Do not take photographs while operating a vehicle.

## Submit Your Application

Email: [sue.vanhandel@tic.oregon.gov](mailto:sue.vanhandel@tic.oregon.gov)

Mail: Travel Information Council  
1500 Liberty St. SE, Suite 150  
Salem, OR 97302

Fax: 503-378-6282

## Questions?

Call: 503-373-0086