

Oregon Toxic-Free Kids Act. ([ORS 431A.250](#))
Form for Emailing Waiver Request (AA) and Paying \$1500 Fee by Check

See [Frequently Asked Questions](#) on [Waiver from Removal/Substitution Requirement/AA](#). To submit your Waiver/Alternatives Assessment (AA) required by OAR [333-016-3040](#) and OAR [333-016-3060](#) by email and pay \$1500 fee ([OAR 333-016-2080](#)) to the Oregon Health Authority by paper check, please do the following:

1. Enter the Check Number of the check to be mailed:

2. Complete the Following:

Name of Manufacturer (or Trade Association) Submitting Request:

Name of Representative:

Email of Representative:

Direct Telephone of Representative:

Representative's Mailing Address:

City/State or Country

ZIP or Postal Code:

3. Email request, supporting documentation & this Form to toxicfreekids.program@odhsoha.oregon.gov

4. Mail check and copy of this form (so check may be matched to emailed request) to:

Address if sent by U.S. Postal Service

Address if sent by courier e.g. FedEx, DHL, etc.

**Toxic-Free Kids Program
PO Box 14260
Portland, OR
97293-0405**

**Oregon Health Authority
Office of Financial Services
Attn: Mike Goodenough
800 NE Oregon St., Ste 200
Portland, OR 97232-2230 USA**

What to Expect after Submission:

Upon receipt of the request and correct fee, the Authority will, within 14 days, acknowledge receipt of request to the contact email address. If acknowledgment is not received, email toxicfreekids.program@odhsoha.oregon.gov.

Please see OAR [333-016-3040](#) to understand what will happen after the request is made. Please see OAR [333-016-2080\(3\) through \(8\)](#) to understand how the Authority will proceed with fees (if applicable) for review of this request.

Questions? Please contact the Authority's Toxic-Free Kids Program at toxicfreekids.program@odhsoha.oregon.gov or 971-673-0440