



LPST CORRECTIVE ACTION SPECIALIST

REGISTRATION APPLICATION PACKAGE

TNRCC-0531

**TEXAS
COMMISSION
ON
ENVIRONMENTAL
QUALITY**

**OPERATOR LICENSING SECTION,
MC 178
COMPLIANCE SUPPORT DIVISION
P.O. BOX 13087
AUSTIN, TEXAS 78711-3088
(512) 239-2192**



INSTRUCTIONS FOR COMPLETING LEAKING PETROLEUM STORAGE TANK CORRECTIVE ACTION SPECIALIST REGISTRATION APPLICATION

PLEASE READ INSTRUCTIONS BEFORE FILLING OUT APPLICATION

Important Information:

- Ensure all the forms relevant to this application have been filled out completely and accurately.
- Any incomplete or omitted information may delay the processing of the application.
- The application and any attached forms should be completed by typing or printing legibly in black ink.
- All attachments should be securely attached to the application and include the applicant's name.
- Pursuant to Tex. Admin. Code §30.18, after verification that the requirements for license have been met, the executive director shall mail the license no later than 45 days after the effective date of the license.

SECTION A – APPLICANT INFORMATION

1. The applicant's name should reflect the official company or business name, as shown on the applicant's federal taxpayer identification form. Any variation of the name from that shown on the taxpayer identification form and what is submitted on the application should be explained in Section D – Additional Information.
2. Number 2 through 12 self explanatory.
13. Federal Taxpayer Identification No. will be used solely for the purposes of determining changes in the ownership of the business. A certificate of registration for a Corrective Action Specialist is non-transferable.
14. 14. through 16 self explanatory.
17. Indicate the business type (i.e. sole proprietor, partnership, corporation, etc.). For incorporated businesses, list the state in which the corporation charter was filed, include the year incorporated.
18. List all branch offices which will operate under the same business name and registration. Include the name and telephone number of the authorized branch office representative. Branch offices which operate under a different business name (operating under a different Federal Taxpayer Identification No. other than the one listed on the application) must apply for a separate registration.

SECTION B – GENERAL INFORMATION

1. State the length of time the applicant has operated this business.
2. State the type of corrective action activities normally performed by the applicant (i.e. Phase II activities, soil or ground water clean up, limited site assessments, bio-remediation, writing of remedial action plans, etc.). These include, but are not limited to, corrective action activities performed at leaking petroleum storage tank (LPST) sites, Resource Conservation and Recovery Act (RCRA) sites. Oil Spill Prevention and Response Act (OSPR) sites, Texas Water Code Chapter 26 sites, or any other corrective action activities conducted under the auspices of the TCEQ, the Texas General Land Office, The Texas Railroad Commission or the United States Environmental Protection Agency.
3. Number 3 and 4 self explanatory.

SECTION C – ATTACHMENTS

1. Fess – Check or money order made payable to “Texas Commission On Environmental Quality” in the amount of \$150.00.
2. Provide the original insurance certificate (copy not acceptable) showing general liability coverage for corrective action services in the amount not less than One Million Dollars (\$1,000,000). The coverage must be a type approved by the executive director and the certificate must designate the Texas Commission on Environmental Quality, Compliance Support Division as the certificate holder. Other insurance coverage such as environmental pollution or worker's compensation are not acceptable.
3. Provide a current (no more than 12 months old) financial statement (balance sheet) prepared in conformity with accounting principles as defined by the American Institute of Public Accountants, documenting an applicant's current net worth of not less than \$25,000; or a letter from a certified public accountant who is not employed by the applicant or does not receive payment from the applicant on a regular basis verifying that the applicant's current net worth is not less than \$25,000.
4. Provide sworn statements completed on TCEQ approved forms, from at least three persons, not related by blood or marriage, for which the applicant performed corrective action services, within the preceding 24 months. The statements shall attest to the applicant's job reliability and the client's satisfaction. The statements shall also include description of the type of corrective action services that were performed by the applicant and the physical address where the activity occurred. Applicable corrective action experience is not limited to experience gained at leaking petroleum storage tank sites, but may also include corrective actions conducted under any environmental program administered by a state or by the federal government under RCRA; CERCLA; the Oil Spill Prevention and Response Act; 33 United States Code, Chapter 40, Subchapter I; and Texas Water Code, Chapter 26. The executive director shall evaluate the explanation and case histories on a case-by-case basis.

SECTION D – ADDITIONAL INFORMATION

Provide any additional information that is relevant to the application.

SECTION E – AFFIRMATION

Provide signature of the authorized representative attesting that all the information provided on the application and attachments is true and correct.

LPST CORRECTIVE ACTION SPECIALIST REFERENCE FORM – INSTRUCTIONS

- It is preferred that the three references are from different clients/companies. If this is not possible, please provide a written explanation and other alternatives may be considered.
- For the client's convenience, the applicant may complete Section II, (c), Section III, A., B., C. and D. The client will complete all other sections. If the Client agrees with all information provided, obtain the client's signature of approval.
- Use separate attached sheets if space in any section is not adequate. Indicate on each supplemental attachment which form and section the attached information is relevant to.
- Ensure that the application is complete and that all required forms and supplemental attachments are enclosed.
- Submit the original documents to the TCEQ.
- Keep photocopies of all documents submitted for your files.

REMINDERS

- The application and reference forms must be the signed originals. Photocopies and facsimiles will not be accepted.
- If duplicating the application, only clear legible copies of the original TCEQ application and forms will be accepted.
- Mail all application packets with applicable fee to:

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
OPERATOR LICENSING SECTION – MC 178
COMPLIANCE SUPPORT DIVISION
P.O. BOX 13088
AUSTIN, TX 78711-3088

TCEQ rules are available from a number of public sources. The *Texas Register* is the official source for State agency rules. For detailed information, refer to GI-032 available from the TCEQ Publications Unit.

Texas Commission on Environmental Quality
Publications MC 195
P.O. Box 13087
Austin, TX 78711-3087
Phone: (512) 239-0028
Fax: (512) 239-4488

Texas Register
P.O. Box 13824
Austin, TX 78711-3824
Phones: (512) 463-5561 or
1-800-226-7199

World Wide Web access to the TCEQ rules is available at:

URL:
<http://www.tceq.tx.state.us.oprd/rules/indxchap.html>

TCEQ rules may be obtained via modem by downloading compressed files from the TCEQ Online Bulletin Board (512) 239-0700 (modem)

Both printed and diskette versions of the TCEQ rules are available through the Publications Unit. There is no charge for the initial copy and the customer may reproduce as many copies as needed. A fee will be charged as per General Service's guidelines for all copies produced by TCEQ over the initial copy. Subscription service is not available through the TCEQ.

The *Texas Register* and Texas Administrative Code (TAC) are available from the Secretary of State's home page located on the World Wide Web at:

Texas Register - URL: <http://www.sos.state.tx.us/texreg/>

TAC – URL: <http://www.sos.state.tx.us/tac/30/>

Modem access for the *Texas Register* on the Secretary of State's Electronic Bulletin Board: (512) 463-2975 (modem)

Printed and diskette versions of the *Texas Register* and the TAC are also available.

Subscriptions are available for all of the above services; prices are based on the number of users. Contact the Secretary of State for additional information.



LEAKING PETROLEUM STORAGE TANK CORRECTIVE ACTION SPECIALIST REGISTRATION APPLICATION

Please type or print neatly in ink.

A. APPLICANT INFORMATION:

1) BUSINESS NAME:		2) BUSINESS TELEPHONE: PRIMARY () ALTERNATE ()		
3) BUSINESS MAILING ADDRESS (i.e. P.O. BOX/DRAWER)	4) CITY	5) COUNTY	6) STATE	7) ZIP CODE
8) PHYSICAL ADDRESS	9) CITY	10) COUNTY	11) STATE	12) ZIP CODE
13) FEDERAL TAXPAYER ID No.	14) NAME OF AUTHORIZED REPRESENTATIVE		15) TITLE OF AUTHORIZED REP.	
16) TELEPHONE NO. OF AUTHORIZED REPRESENTATIVE ()	17) TYPE OF BUSINESS (check one) <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION * <input type="checkbox"/> OTHER (specify) _____ * STATE AND YEAR INCORPORATED (for corporations only) STATE: _____ YEAR INCORPORATED: _____			
18) LIST ANY BRANCH OFFICES WHICH WILL USE THE SAME COMPANY NAME AND SAME CERTIFICATION OF REGISTRATION. THIS IS FOR TCEQ INFORMATION ONLY AND WILL NOT BE ENTERED IN OUR DATA BASE OR DISPLAYED ON OUR WEB PAGES.				
a) PHYSICAL ADDRESS	CITY	COUNTY	STATE	ZIP CODE
AUTHORIZED REPRESENTATIVE		TITLE	TELEPHONE No.	
b) PHYSICAL ADDRESS	CITY	COUNTY	STATE	ZIP CODE
AUTHORIZED REPRESENTATIVE		TITLE	TELEPHONE No.	
c) PHYSICAL ADDRESS	CITY	COUNTY	STATE	ZIP CODE
AUTHORIZED REPRESENTATIVE		TITLE	TELEPHONE No.	
d) PHYSICAL ADDRESS	CITY	COUNTY	STATE	ZIP CODE
AUTHORIZED REPRESENTATIVE		TITLE	TELEPHONE No.	
e) PHYSICAL ADDRESS	CITY	COUNTY	STATE	ZIP CODE
AUTHORIZED REPRESENTATIVE		TITLE	TELEPHONE No.	
f) PHYSICAL ADDRESS	CITY	COUNTY	STATE	ZIP CODE
AUTHORIZED REPRESENTATIVE		TITLE	TELEPHONE No.	
g) PHYSICAL ADDRESS	CITY	COUNTY	STATE	ZIP CODE
AUTHORIZED REPRESENTATIVE		TITLE	TELEPHONE No.	



**TEXAS
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**CORRECTIVE ACTION REFERENCE
FORM**

**THIS FORM MUST BE SUBMITTED WITH
APPLICATIONS FOR LPST CORRECTIVE
ACTION SPECIALIST REGISTRATIONS**

INSTRUCTIONS FOR COMPLETING CORRECTIVE ACTION REFERENCE FORM

Pursuant to 30 Texas Administrative Code Chapter 30, Subchapter E, any person applying for a registration as an LPST Corrective Action Specialist must submit statements from three (3) different client/customers, not related by blood or marriage, for whom the applicant performed corrective action services within the immediate preceding 24 months. Limit each reference to one specific job done within a specific time period. Specify the physical address where the work was performed. If no physical address exists, provide directions to the location using information easily found on a map (i.e. job site located on the north side of State Hwy 59, three miles east of the State Hwy 59 intersection with Farm to Market Road 4510). Ensure the application and any attachments have been accurately completed. Any incomplete or omitted information may result in a delay of the processing of the application or possible denial of the application. Ensure the form is completed legibly and signed before submission.

SECTION I – BUSINESS NAME OF APPLICANT

NAME OF BUSINESS OR COMPANY APPLYING FOR REGISTRATION:

SECTION II – CLIENT INFORMATION (*customer for whom the work was provided*)

NAME CLIENT REPRESENTATIVE COMPLETING FORM:	TITLE:		
CLIENT/COMPANY BUSINESS NAME:	CLIENT/COMPANY TELEPHONE NUMBER:		
JOB SITE ADDRESS (Street address or directions to site):	CITY:	STATE:	ZIP CODE:

SECTION III – CLIENT’S EVALUATION OF CORRECTIVE ACTION PERFORMED BY APPLICANT

A. SHOW THE PROJECT DATES THAT THE APPLICANT PERFORMED CORRECTIVE ACTION ACTIVITY
FROM _____ 20_____ TO _____ 20_____

B. WHICH OF THE CORRECTIVE ACTIONS WERE PERFORMED BY THE APPLICANT ON THE DATES LISTED ABOVE?
 LPST RCRA OSPRA Chapter 26, TX Water Code

C. WHAT TYPE OF CORRECTIVE ACTION WAS PERFORMED?
 ENGINEERING GEOLOGY HYDRO GEOLOGY OTHER

IF OTHER EXPLAIN: _____

