

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
Compliance Support Division, Operator Licensing
P.O.BOX 13087
Austin, Texas 78711-3087

REPORTING BRANCH OFFICE INFORMATION FOR
UST CONTRACTORS & LPST CORRECTIVE ACTION SPECIALISTS

PLEASE TYPE OR PRINT NEATLY IN INK
FAX TO 512-239-0533 or 512-239-6272

I. APPLICANT INFORMATION:

a). Select company registration you are applying for and enter Registration Number:

UST CONTRACTOR REGISTRATION NO: _____

LPST CORRECTIVE ACTION SPECIALIST NO: _____

b). Registered business name: _____

Mailing address: _____ Telephone Number: _____

City _____ County _____ State: _____ Zip code: _____

Physical address: _____

(if different from above) _____ Telephone number _____

City: _____ County: _____ State: _____ Zip code: _____

Federal taxpayer identification number: _____

c). Authorized representative:

Name: _____ Title: _____

Telephone number: _____

d). List any branch offices which will use the same company name and same certificate of registration:

Physical Address: Telephone number: Authorized representative for branch office:

1) _____

2) _____

3) _____

4) _____

5) _____

(If more space is needed, please submit an additional page)

II. TO BE COMPLETED BY THE AUTHORIZED REPRESENTATIVE OF THE APPLICANT:

I, (print name) _____, (title) _____ do certify under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that all information is true, accurate, and complete to the best of my belief and knowledge. I understand that any misrepresentation or falsification may result in the rejection of this application.

signature

date