

Customer No.: CN

Regulated Entity No.: RN

TCEQ – ABOVEGROUND STORAGE TANK REGISTRATION FORM

For Use in TEXAS		Texas Commission on Environmental Quality	• <i>Please mail completed form to:</i> Petroleum Storage Tank Registration Program (MC-138) Texas Commission on Environmental Quality P. O. Box 13087 Fax (512) 239-3398 Austin, Texas 78711-3087	TCEQ Facility ID No.:
		TCEQ Owner ID No.:		
		Federal Tax ID No.:		

1. TANK OWNER INFORMATION

The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA) If the Owner Name below is a new Owner, enter previous Owner Name:

TANK OWNER BUSINESS OR LAST NAME:	TANK OWNER FIRST NAME	TYPE OF TANK OWNER	Individual	Corporation
OWNER MAILING ADDRESS:		Sole Proprietorship	Federal Gov't	State Gov't
CITY:	STATE:	County Gov't	City Gov't	Local Gov't
ZIP CODE:	ZIP +4:	General Partnership	Limited Partnership	Other
COUNTRY (OUTSIDE USA)	E-MAIL ADDRESS	LOCATION OF RECORDS:		
OWNER'S AUTHORIZED REPRESENTATIVE TITLE: TELEPHONE NO/Ext.		At facility Offsite at:		
TX State TAX ID (11 Digits)	TX SOS/CPA Filing NO	OFFSITE RECORDS LOCATION ADDRESS CITY STATE		
FEDERAL TAX ID (9 Digits)	DUNs NO	RECORDS CUSTODIAN/CONTACT PERSON: TELEPHONE NO.		
		FAX NO:	INDEPENDENTLY OWNED & OPERATED	
		YES NO		
		NUMBER OF EMPLOYEES		
		0-20 21-100 101-250 251-500 501 & HIGHER		

2. FACILITY INFORMATION

The Regulated Entity Name submitted may be updated in order to meet the TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).

FACILITY NAME:	TYPE OF FACILITY: Emergency Generator Wholesale
Facility(RE) Address or PHYSICAL Location Description: (No P.O. Boxes)	Retail Farm or Residential Fleet Refueling Aircraft Refueling Indian Land Watercraft Fueling Industrial/Manufacturing/Chemical Plant
CITY:(Nearest if Physical Loc) STATE: ZIP CODE (Nearest if Physical Loc) COUNTY:	Number of regulated *USTs at this facility: _____ *Underground Storage Tanks (USTs) Number of regulated *ASTs at this facility: _____ *Aboveground Storage Tanks (ASTs)
Facility Mailing Address	New Regulated Entity Update to Regulated Entity Name Update to Regulated Entity Information
CITY: STATE: ZIP CODE: ZIP +4:	What is the primary Business of this Entity? (Do not repeat SIC or NAICS description)
ON-SITE CONTACT PERSON TITLE: TELEPHONE NO/Ext:	PRIMARY SIC CODE SECONDARY SIC CODE
E_MAIL ADDRESS: FAX NUMBER	PRIMARY NAICS CODE SECONDARY NAICS CODE
LATITUDE Degrees Minutes Seconds	LONGITUDE Degrees Minutes Seconds

3. TANK OPERATOR* INFORMATION

(mark here if same as owner)

The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA)

*Operator means a person in day-to-day control of and having responsibility for, the daily operation of the AST system. If the Operator Name below is a new Operator, enter previous Operator Name: CN

TANK OPERATOR NAME: (DO NOT LIST EMPLOYEES OF OPERATOR)	TYPE OF TANK OPERATOR: Individual Corporation
MAILING ADDRESS:	Sole Proprietorship Federal Gov't State Gov't
CITY: STATE: ZIP CODE: ZIP +4:	County Gov't City Gov't Local Gov't
COUNTRY (OUTSIDE USA)	General Partnership Limited Partnership Other
OPERATOR'S AUTHORIZED REPRESENTATIVE TITLE: TELEPHONE NO/Ext:	Date listed person became operator:
TX State TAX ID TX SOS/CPA Filing No	FAX NO: INDEPENDENTLY OWNED & OPERATED
FEDERAL TAX ID DUNs NO	YES NO
	NUMBER OF EMPLOYEES
	0-20 21-100 101-250 251-500 501 & HIGHER

TCEQ Facility ID No

TCEQ - AST REGISTRATION FORM

6. TCEQ PROGRAMS IN WHICH THIS REGULATED ENTITY PARTICIPATES

Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If the program is not listed, check other and write it in. This identification will help ensure this form will go to the correct Program Areas and that the appropriate permits / registrations are updated.

Animal Feeding Operation	Dam Safety	Districts	PWS
Industrial & Hazardous Waste	Municipal Solid Waste	New Source Review - Air	Edwards Aquifer
OSSF	Petroleum Storage Tank	Sludge	Emmission Inventory Air
Stormwater	Tires	Title V - Air	Used Oil
Utilities	Voluntary Cleanup Program	Wastewater Agriculture	
Wastewater Permit	Water Districts	Water Rights	
Water Utilities	Other	Other	
Unknown	Licensing - Type(s)		

7. DESCRIPTION OF ABOVEGROUND STORAGE TANKS

Tank ID (e.g. 1,2,3 or A, B, C)				
Tank Installation Date (Month/day/year)				
Tank Capacity (U.S. gallons)(must be >1100 gallons)				
Tank Status 1-In Use (includes tanks that are inactive but contain product) 2-Out of Use (tanks that are inactive and do not contain product). Indicate date taken out of use (mo/day/yr).	1- 2-	1- 2-	1- 2-	1- 2-
Product Stored Mark all that apply 1-Gasoline 2-Diesel 3-Kerosene 4-Alcohol Blended Fuel 5-Aviation Gasoline 6-Distillate Fuel Oil	1- 2- 3- 4- 5- 6-	1- 2- 3- 4- 5- 6-	1- 2- 3- 4- 5- 6-	1- 2- 3- 4- 5- 6-
Material of Construction Mark all that apply 1-Steel 2-Fiberglass 3-Aluminum 4-Corrugated Metal 5-Concrete	1- 2- 3- 4- 5-	1- 2- 3- 4- 5-	1- 2- 3- 4- 5-	1- 2- 3- 4- 5-
Containment Mark all that apply 1-Earthen Dike 2-Containment Liner 3-Concrete 4-None	1- 2- 3- 4-	1- 2- 3- 4-	1- 2- 3- 4-	1- 2- 3- 4-
Stage I Vapor Recovery * See rule & location exemption information. 1-Stage I (AST to tanker truck): Installation date: • Type: 1a-Stage 1 two-point system 1b-Stage 1 coaxial system • Exempt by: 1c-TCEQ Rule*	1- 1a- 1b- 1c-	1- 1a- 1b- 1c-	1- 1a- 1b- 1c-	1- 1a- 1b- 1c-

* STAGE I VAPOR RECOVERY - Please indicate whether your system has Stage I vapor recovery equipment and the installation date of the equipment. Applicable requirements may be found in 30 TAC, §115.221-229 and §115.241-249. If your AST system is not located in a non-attainment county or one of the 95 covered attainment counties, completion of this section is not necessary. For a complete list of covered attainment counties, please refer to 30 TAC, §115.10.

1. Stage I - system used to capture vapors from the AST during deliveries. Stage I is required in non-attainment counties and in the 95 covered attainment counties if throughput is greater than 125,000 gallons.

If you have questions on how to fill out this form or regarding the PST program, please contact us at 512/239-2160.

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. If you wish to review such information, contact us at 512/239-2160.

For data verification purposes, please check our IWR (Integrated web reporting) web page:
www15.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch