 TCEQ Core Data Form

**TCEQ Use Only**

For detailed instructions on completing this form, please read the Core Data Form Instructions or call 512-239-5175.

## SECTION I: General Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Reason for Submission** (*If other is checked please describe in space provided.)* | | | | |
|  | New Permit, Registration or Authorization (*Core Data Form should be submitted with the program application.)* | | | |
|  | Renewal *(Core Data Form should be submitted with the renewal form)* | | Other |  |
| **2. Customer Reference Number** *(if issued)* | | [Follow this link to search for CN or RN numbers in Central Registry\*\*](https://www15.tceq.texas.gov/crpub/) | **3. Regulated Entity Reference Number** *(if issued)* | |
| **CN** | | **RN** | |

## SECTION II: Customer Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. General Customer Information** | | | | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy) | | | | | | | | | | | |  |
| New Customer  Update to Customer Information  Change in Regulated Entity Ownership Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts) | | | | | | | | | | | | | | | | |
| ***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).*** | | | | | | | | | | | | | | | | |
| **6. Customer Legal Name** *(If an individual, print last name first: eg: Doe, John)* | | | | | | | | | | | *If new Customer, enter previous Customer below:* | | | | | |
|  | | | | | | | | | | |  | | | | | |
| **7. TX SOS/CPA Filing Number** | | | | **8. TX State Tax ID** (11 digits) | | | | | | | **9. Federal Tax ID**  (9 digits) | | | **10. DUNS Number** *(if applicable)* | | |
| **11. Type of Customer:** | | | Corporation | | | | | | Individual | | | | Partnership:  General  Limited | | | |
| Government:  City  County  Federal  Local  State  Other | | | | | | | | | Sole Proprietorship | | | | Other: | | | |
| **12. Number of Employees**  0-20  21-100  101-250  251-500  501 and higher | | | | | | | | | | | **13. Independently Owned and Operated?**  **Yes**  **No** | | | | | |
| **14. Customer Role** (Proposed or Actual) *– as it relates to the Regulated Entity listed on this form. Please check one of the following* | | | | | | | | | | | | | | | | |
| Owner  Operator  Owner & Operator Occupational Licensee  Responsible Party  VCP/BSA Applicant | | | | | | | | | | | | Other: | | | | |
|
| **15. Mailing**  **Address:** |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **City** |  | | | | **State** |  | | | **ZIP** |  | | | **ZIP + 4** |  | |
| **16. Country Mailing Information** *(if outside USA)* | | | | | | | | **17. E-Mail Address** *(if applicable)* | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |
| **18. Telephone Number** | | | | | **19. Extension or Code** | | | | | | | **20. Fax Number** *(if applicable)* | | | | |
| **(**    **)**   - | | | | |  | | | | | | | **(**     **)**    - | | | | |

## SECTION III: Regulated Entity Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **21. General Regulated Entity Information** *(If ‘New Regulated Entity” is selected, a new permit application is also required.)* | | | | | | | | | | | | | | | | | | | | | | | | |
| New Regulated Entity  Update to Regulated Entity Name  Update to Regulated Entity Information | | | | | | | | | | | | | | | | | | | | | | | | |
| ***The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).*** | | | | | | | | | | | | | | | | | | | | | | | | |
| **22. Regulated Entity Name** *(Enter name of the site where the regulated action is taking place.)* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **23. Street Address of the Regulated Entity:**  ***(No PO Boxes)*** | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **City** | | | |  | | | **State** | | |  | | **ZIP** | | |  | | | **ZIP + 4** | | | |  |
| **24. County** | |  | | | | | | | | | | | | | | | | | | | | | | |
| **If no Street Address is provided, fields 25-28 are required.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **25. Description to**  **Physical Location:** |  | | | | | | | | | | | | | | | | | | | | | | | |
| **26. Nearest City** | | | | | | | | | |  | | | | | | **State** | | | | | | **Nearest ZIP Code** | | |
|  | | | | | | | | | | | | | | | |  | | | | | |  | | |
| ***Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).*** | | | | | | | | | | | | | | | | | | | | | | | | |
| **27. Latitude (N) In Decimal:** | | | | |  | | | | | | | | **28. Longitude (W) In Decimal:** | | | | | | | |  | | | |
| Degrees | Minutes | | | | | | Seconds | | | | | | Degrees | | | | | Minutes | | | | | Seconds | |
|  |  | | | | | |  | | | | | |  | | | | |  | | | | |  | |
| **29. Primary SIC Code**  (4 digits) | | | | **30. Secondary SIC Code**  (4 digits) | | | | | | | **31. Primary NAICS Code  (**5 or 6 digits) | | | | | | | | **32. Secondary NAICS Code**  (5 or 6 digits) | | | | | |
|  | | | |  | | | | | | |  | | | | | | | |  | | | | | |
| **33. What is the Primary Business of this entity?** *(Do not repeat the SIC or NAICS description.)* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **34. Mailing**  **Address:** | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **City** | | |  | | | **State** | | |  | | **ZIP** | | |  | | | **ZIP + 4** | | | |  |
| **35. E-Mail Address:** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **36. Telephone Number** | | | | | | | | **37. Extension or Code** | | | | | | | **38. Fax Number** *(if applicable)* | | | | | | | | | |
| **(     )    -** | | | | | | | |  | | | | | | | **(     )    -** | | | | | | | | | |

**39. TCEQ Programs and ID Numbers** Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dam Safety | Districts | Edwards Aquifer | Emissions Inventory Air | Industrial Hazardous Waste |
|  |  |  |  |  |
| Municipal Solid Waste | New Source Review Air | OSSF | Petroleum Storage Tank | PWS |
|  |  |  |  |  |
| Sludge | Storm Water | Title V Air | Tires | Used Oil |
|  |  |  |  |  |
| Voluntary Cleanup | Wastewater | Wastewater Agriculture | Water Rights | Other: |
|  |  |  |  |  |

## SECTION IV: Preparer Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **40. Name:** |  | | | **41. Title:** | |  |
| **42. Telephone Number** | | **43. Ext./Code** | **44. Fax Number** | | **45. E-Mail Address** | |
| **(**     **)**    - | |  | **(**     **)**    - | |  | |

## SECTION V: Authorized Signature

**46.** By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company:** |  | **Job Title:** |  | | |
| **Name** *(In Print):* |  | | | **Phone:** | **(**     **)**    - |
| **Signature:** |  | | | **Date:** |  |