



Application for Registration as an On-Site Sewage Facility Maintenance Company

TCEQ-20275 (2/06)

OPERATOR LICENSING SECTION, MC 178
Compliance Support Division
Texas Commission on Environmental Quality Commission
P.O. Box 13088
Austin, TX 78711-3088
(512) 239-0914



OPERATOR LICENSING SECTION, MC 178
Compliance Support Division
Texas Commission on Environmental Quality
P.O. Box 13088
Austin, TX 78711-3088
512-239-2192

**APPLICATION FOR CERTIFICATE OF REGISTRATION
AS AN ON-SITE SEWAGE FACILITY MAINTENANCE COMPANY**

Please type or print neatly in ink.

A. APPLICANT INFORMATION:

Business Name (as shown on federal taxpayer identification form)		Business Telephone Primary: () _____ Alternate: () _____		
Business Mailing Address (i.e., P.O. Box/Drawer)	City	County	State	Zip
Permanent Physical Address	City	County	State	Zip
Designated Operator License (check one) <input type="checkbox"/> Installer II <input type="checkbox"/> Class D				
Name of Installer II OR Class D Operator _____		Installer OR Class D License Number _____	Telephone _____	
Type of Business (check one) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____				

B. GENERAL INFORMATION:

List any other applicable registrations or certificates:

Type	Registration No.	State	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the applicant's license or registration ever been suspended or revoked (in Texas or any other state)? Yes No

If yes, please explain: _____

(continued on back)

C. FEES:

A registration fee in the amount of \$70.00 should be submitted with this application. Fees should be paid by check or money order, made payable to the Texas Commission on Environmental Quality. To facilitate application processing, the check or money order should be attached to the front of the application package.

D. IMPORTANT INFORMATION ON COMPLETING THIS APPLICATION:

1. **This application must possess an original signature. Copies and fax's will not be accepted.**
2. If duplicating the application, only clear legible copies of the original TCEQ form will be acceptable. Replications, such as computerized versions of this application will not be accepted.
3. Mail application and fee under one cover to the address provided on the first page of this application.
4. Persons that provide maintenance or repair to on-site sewage facilities using aerobic treatment must be registered as maintenance providers in accordance with TCEQ rules.
5. Under the rules of this program, you are responsible for notifying the TCEQ of changes in any of the information listed on this application. Changes in the following areas must also be reported to the TCEQ within 10 days after the month the change occurs:
 - A. Permanent cessation of the business or activities related to this program; or
 - B. A filing for reorganization or protection under federal bankruptcy laws.

E. SIGNATURE

I, _____ Title

Print or type name

Do certify that this application and any attachments contain no willful or negligent misrepresentation or falsification and that all information is true, accurate, and complete. I understand that any misrepresentation or falsification may result in the rejection of this application.

Please use BLUE INK.

Signature of Authorized Representative

Date