For TCEQ use only: MSW MWT/_____/CO/_____ /INITIAL-UPDATE

Application for Registration by Rule as a Transporter of Medical Waste

Bold items required for all notifications.

* Items marked are required for all new notifications. Please print clearly or type.

Instructions for filling out this form.

If this registration action affects any other program area within the TCEQ, you must also complete a TCEQ Core Data Form (TCEQ 10400) and forward the Core Data Form to the Central Registry at: Texas Commission on Environmental Quality, Central Registry MC144, P. O. Box 13087, Austin Texas 78711-3087

Transporter Registration MSW# (required for all updates):_____

Effective Date:_____

Submission Reason: ☐ New ☐ Renewal ☐ Update

Part A: Site/Regulated Entity Information (refers to the company submitting registration)

1. Regulated Entity Number: RN 1_____
2. **Company Name:**_____

Company Address:* (office and/or truck lot)

3. Street Address:_____
4. City*:_____
5. State*: TX_____ 6. Zip+4:*_____-_____
7. County*:_____
8. Are there any outstanding fees or penalties due to the TCEQ from this owner?

☐ Yes ☐ No

If yes, provide the amount $_____ and the identifying account number _____. Registrants must pay all delinquent fees and/or penalties owed to TCEQ in order to obtain a registration.

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Transporter Registration MSW# (required for all updates):_____

Effective Date:_____

Company Name: _____

Submission Reason: ☐ New ☐ Renewal ☐ Update

Part B: Customer Information (for the company registering)

9. Customer number: CN 6

10. Owner/operator name:* _____

(Legal name or legal business name as filed with the Secretary of State's office)

11. Type of customer:*

- ☐ Corporation
- ☐ Individual
- ☐ Sole Proprietorship- D.B.A.
- ☐ City Government
- ☐ County Government
- ☐ Federal Government
- ☐ State Government
- ☐ Other Government
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Other: _____

Tax information (For individual customer type, go to #15. Do not provide Social Security numbers below.)

12. Federal Tax ID:_____

13. TX State Franchise Tax ID*:_____

14. Texas Secretary of State Filing Number:_____

Part C: Contact Information (mailing address for correspondence and invoices)

15. First Name:* _____ 16. Last Name:* _____

17. Title:_____ 18. Company Name:*_____

19. Street Address:*_____

20. City:*_____

21. State:* TX 22. Zip+4:*_____-_____

23. Telephone:*_____ 24. Fax:_____

25. Email:_____

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Transporter Registration MSW# (required for all updates): _____

Effective Date: _____

Company Name: _____

Submission Reason: ☐ New ☐ Renewal ☐ Update

Part D: Transportation Unit Information (per 30 TAC §326.53(a)(4))

Add or Remove	Vehicle Information:					License Plate:			Name of Owner (if different than #10)
	Type**	Year	Make	Model	Motor Vehicle Identification Number	Number	State Issued	Year Issued	

** Examples include "tractor", "trailer", or "box van". Send additional copies of this page to list more than 12 vehicles.

For TCEQ use only: MSW MWT/_____/CO/_____ /INITIAL-UPDATE

Transporter Registration MSW# (required for all updates):_____

Effective Date:_____

Company Name: _____

Submission Reason: ☐ New ☐ Renewal ☐ Update

Part E: Certification (This part must be included with all submissions.)

I certify that the above information is true and correct to the best of my knowledge, and I will abide by all TCEQ rules.

Name:_____

Title: _____ **Telephone:**_____

Company: _____ Fax: _____

Email: _____

Signature:_____

Mail completed form to:
Texas Commission on Environmental Quality
Registration and Reporting Section MC-129
PO Box 13087
Austin, TX 78711-3087

Please use the following address for any submissions sent via overnight services:
Texas Commission on Environmental Quality
Registration and Reporting Section MC-129
12100 Park 35 Circle Bldg D
Austin, TX 78753

Fax **updates and renewals only** to (512) 239-6410. Initial registrations submitted by fax will be returned to the sender.

For any questions about filling out this form not covered in the instructions, or for information about the Medical Waste Transportation Program, please contact us at (512) 239-6413 or wasteval@tceq.texas.gov.

Individuals are entitled to request and review their personal information the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, please contact the TCEQ Public Information Section at (512) 239-3282.