



REGISTRATION FOR USED OIL HANDLER AND/OR USED OIL FILTER HANDLERS

If you have questions on how to fill out this form or about the Used Oil Recycling Program, please contact us at 512/239-6832, option 2. 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, contact us at 512/239-3282.

This form must be accompanied by the Core Data Form, TCEQ-10400

TCEQ Used Oil Handler Registration Number : A _____ <hr style="border-top: 1px dashed black;"/> (TCEQ OFFICE USE ONLY) GIN: _____	Handler Registration Expiration Date: One Time Registration Filter Handler Registration Expiration Date: December 31, 200 __ TCEQ Customer Reference Number (if known): CN _____ TCEQ Regulated Entity Number (if known): RN _____
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****NOTE:** This form must be submitted with the Core Data Form, TCEQ-10400 attached.
 To obtain a Used Oil Handler registration number, an applicant must comply with applicable federal, state and local regulations. Documentation demonstrating compliance must accompany the application, including financial assurance and management and safety plans as applicable in 30 TAC Chapter 324 and 40 CFR Part 279.
 To obtain a Used Oil Filter Handler registration number, an applicant must comply with applicable federal, state and local regulations. Documentation demonstrating compliance must accompany the application, including financial assurance and management and safety plans as applicable in 30 TAC Chapter 328 Subchapter D.

USED OIL/USED OIL FILTER HANDLER FACILITY	
Company Name:	
Name of Handler Facility:	
On-site (Local) Representative/Title:	
CONTACT REPRESENTATIVE	
If same as Local Representative, check here and skip this section	
Name/Title (person to be contacted regarding used oil/used oil filter activities at this facility):	
Company:	Contact Phone:
Contact Mailing Address: _____ <div style="text-align: center; font-size: small; margin: 2px 0;">Street/P.O. Box</div> _____ <div style="text-align: center; font-size: small; margin: 2px 0;">City, State, Zip</div>	
*USED OIL RECYCLING ACTIVITY (Check all that apply)	
<input type="checkbox"/> Transporter	<input type="checkbox"/> Processor <small>(describe processing method)</small>
<input type="checkbox"/> Transfer Facility	<input type="checkbox"/> Re-refiner
	<input type="checkbox"/> Burner of Off-spec Used Oil
	<input type="checkbox"/> Marketer who first claims used oil meets specs
	<input type="checkbox"/> Marketer who directs shipments to burners
*USED OIL FILTER RECYCLING ACTIVITY (Check all that apply)	
<input type="checkbox"/> Transporter <input type="checkbox"/> Storage Facility <input type="checkbox"/> Processor (describe processing method) _____	

TRANSPORTER VEHICLE INFORMATION (attach a list of additional vehicles if needed)

Make	Model	Year	VIN Number

REGISTRATION REQUIREMENTS

To apply for registration as a Used Oil or Used Oil Filter Transfer Facility, Processor or re-refining operation, you must provide the following information for your application to be complete:

Certification: This document and all attachments were prepared under my direction or supervision according to a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

I certify the statement, by _____, Title
that my facility is _____ ft. by _____ ft. = _____ square ft.

A simple diagram (blue-line, CAD type of hand drawn diagrams are acceptable) indicating all areas where used oil and used oil filters are transported, stored or processed that corresponds to the above certified square footage for the facility.

FINANCIAL ASSURANCE

All handlers must comply with the demonstration of financial responsibility at the time of registration. The agency accepts trust funds, surety bonds, letters of credit or financial test and corporate guarantee. Failure to disclose to the Commission any of the required information may result in loss of state contracts, non-issuance of registration or non-renewal of registration.

CERTIFICATION STATEMENT

I certify that the above information is true and correct to the best of my knowledge, and that I will abide by all State or Federal rules, regulations and laws governing the collection, management and recycling of used oil filters.

Are there any outstanding fees or penalties due to the TCEQ from this owner? If yes, provide the amount \$ _____; nature of the fee or penalty _____; and the identifying account number _____. The registration form will not be processed until all delinquent fees and/or penalties owed to the TCEQ are paid.

Signature: _____ Date: _____

Name (Type or Print): _____

Texas Commission on Environmental Quality

Used Oil Recycling Program

P.O. Box 13087, MC-129, Austin, Texas 78711-3087

(512) 239 - 6832, option 2

Internet address: <http://www.tceq.state.tx.us>