

## TCEQ - DRY CLEANING FACILITY REGISTRATION FORM

	<b>For Use in Texas</b>	<b>Texas Commission on Environmental Quality</b>	<b>Mail completed form to:</b> Texas Commission on Environmental Quality Dry Cleaning Registration Team (MC-138) P. O. Box 13087 Austin, Texas 78711-3087 (512) 239-2160 and fax # (512) 239-3398	TCEQ Account No. : _____ <hr/> Federal Tax ID No. : _____ <hr/> Taxpayer ID No.: _____
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TCEQ rules (Title 30 Tex. Admin. Code Ch. 337) state that annual renewal registration forms are due by August 1st of each year.  
For each drop station, complete a separate Dry Cleaning Drop Station Registration Form (Form #20207)

### Section 1. Reason For Filing the Form (Check all that apply).

- 1  Initial Registration   
 2  Renewal Registration   
 3  Ownership Change (indicate effective date) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 4  No longer a facility (Indicate effective date of the closing of the facility) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 5  Change from drop station to facility (Indicate effective date of change) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 6  Amendment of:   
  Owner Information   
  Facility Information   
  Real Property Owner   
  Solvent Information  
                                 
  Dry Cleaning Machine Information   
                                 
  Other \_\_\_\_\_

### Section 2. Owner Information

**Customer No.: CN** \_\_\_\_\_

Owner Name: Business Name or Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

 Billing Address (*if different*): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country (Outside USA) : \_\_\_\_\_ Email Address : \_\_\_\_\_

Owner's Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No: \_\_\_\_/\_\_\_\_-\_\_\_\_

**Type of Owner:**   
 Individual   
 Sole Proprietorship DBA   
 Corporation   
 Partnership   
 Other \_\_\_\_\_

 Location of Records:  At facility   
 Offsite at: Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Records Custodian/Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_/\_\_\_\_-\_\_\_\_ Fax No : \_\_\_\_/\_\_\_\_-\_\_\_\_

State Franchise Tax ID: \_\_\_\_\_ DUNS No. : \_\_\_\_\_

 Independently Owned & Operated:  Yes   
 No   
 # of Employees:  0-20   
 21-100   
 101-250   
 251-500   
 501 & Higher

*\*\*This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the [Delinquent Fee and Penalty Protocol](#).\*\**

**Have you ever used or allowed the use of the dry cleaning solvent perchloroethylene at a dry cleaning facility or drop station in this state?**   
 Yes   
 No

**Has the dry cleaning solvent perchloroethylene ever been used at this location?**   
 Yes   
 No

### Section 3. Facility Information

**Regulated Entity No.: RN** \_\_\_\_\_

Facility Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ TEXAS Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Phone No.: \_\_\_\_/\_\_\_\_-\_\_\_\_ Email Address : \_\_\_\_\_ Fax No.: \_\_\_\_/\_\_\_\_-\_\_\_\_

Primary SIC Code: \_\_\_\_\_ Secondary SIC: \_\_\_\_\_ Primary NAICS Code: \_\_\_\_\_ Secondary NAICS: \_\_\_\_\_

Latitude: Degrees \_\_\_\_ Minutes \_\_\_\_ Seconds \_\_\_\_ Longitude: Degrees \_\_\_\_ Minutes \_\_\_\_ Seconds \_\_\_\_

 Does this dry cleaning facility accept payment directly from retail customers?   
 Yes   
 No

 Please indicate gross receipts (includes all sources of income from this location, including laundry receipts) for the last consecutive 12 months reported to the Comptroller: (*If facility does not collect money from retail customers, use gross receipts from associated drop stations.*)   
 \$150,000 or less   
 more than \$150,000

This number should be the same as the "Total Sales" line on your Sales & Use Tax Return.

**Gross receipts will be verified by the Texas Comptroller of Public Accounts**

**(If this information is not verified to be accurate, your dry cleaning registration certificate may be withheld)**

When did you begin dry cleaning operations at this location? \_\_\_\_/\_\_\_\_/\_\_\_\_

 Was this location ever a dry cleaning facility prior to the date you began operations?   
 Yes   
 No

**Please complete a separate form for each dry cleaning facility**

**Section 4. Real Property Owner**

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_/\_\_\_\_-\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Section 5. TCEQ Programs in which this Regulated Entity Participates**

Dry Cleaning  New Source Review - Air  Industrial & Hazardous Waste  Petroleum Storage Tank  Title V - Air  
 Wastewater Permit  Water Rights  Animal Feeding Operation  Water Districts  Municipal Solid Waste  
 Water Utilities  Licensing - Type (S)  Unknown  Other \_\_\_\_\_

**Section 6. Description of Dry Cleaning Machines and Facility** (Complete for each machine currently at this location.) If more than four machines, please complete a separate form.

a. Dry cleaning machine identification number (assigned by owner, i.e., 1, 2, 3)	Machine No.	Machine No.	Machine No.	Machine No.
b. Dry cleaning machine installation date (mm/yyyy)	____/____	____/____	____/____	____/____
c. Status of dry cleaning machine: Currently in use? (yes or no) If not, is the machine: Temporarily out of use, since (mm/yyyy); OR Permanently out of use, since (mm/yyyy) If permanently out of use, has the machine been emptied of all dry cleaning solvents? (yes or no)	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____ ____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____ ____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____ ____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____ ____/____
d. Does dry cleaning machine have secondary containment? (Indicate Yes or No) If yes, when was it installed? (mm/yyyy) Indicate material of construction for containment:	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____

**Section 7. Solvent Purchase, Use, Delivery, Storage, and Disposal**

a. From whom do you purchase solvent?  
 1. Distributor Name: \_\_\_\_\_ TCEQ Distributor ID # \_\_\_\_\_  
 2. Distributor Name: \_\_\_\_\_ TCEQ Distributor ID # \_\_\_\_\_

b. Check type of solvents **currently** used:  Perc  Petroleum  Carbon Dioxide  Other (Specify) \_\_\_\_\_

c. Check type of solvents used **in the past** at this location:  Perc  Petroleum  Other (Specify) \_\_\_\_\_

d. What is the number of gallons purchased annually? Perc \_\_\_\_\_ Petroleum \_\_\_\_\_ Other (Specify) \_\_\_\_\_

e. Are virgin (new) solvents stored in containers other than in the drycleaning machine?  Yes  No  
 Is there secondary containment around the storage area?  Yes  No  
 Indicate material of construction for the secondary containment: \_\_\_\_\_

f. Are chlorinated dry cleaning solvents delivered to the facility by a closed, direct-coupled delivery system?  Yes  No

g. If chlorinated dry cleaning solvents are used, are wastes (muck, filter, etc.) stored in sealed containers marked "hazardous waste"?  Yes  No

**Section 8. Associated Drop Stations**

a. How many dry cleaning drop stations are currently owned by the dry cleaning facility owner? \_\_\_\_\_

b. As of the date of this form, is the drop station registration information on file with the TCEQ, including information on this form, complete, accurate, and up to date?  Yes  No  N/A

c. If any previously owned drop stations have permanently ceased operations or are no longer owned by the facility owner, please indicate the drop station's change in status in a separate Dry Cleaning Drop Station Registration Form (Form #20207).  
 For each drop station, complete a separate Dry Cleaning Drop Station Registration Form (Form #20207)

**Section 9. Certification**

The signature below indicates that I have personal knowledge of all the facts set forth in this document and all attached documents, and am able to certify, and I do certify, that all the facts and statements in this document and all attached documents are true, accurate, complete, and correct.

Signature of Owner or Legal Representative \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name of Owner or Legal Representative \_\_\_\_\_ Title \_\_\_\_\_

To request and review your personal information gathered by the agency, or correct any errors in your information, contact us at (512) 239-2160.