DCR /	/ CO /	/ FAC			
For internal use only					

TCEQ - DRY CLEANING FACILITY REGISTRATION FORM

STORMISSION OF STREET	
THONMENTAL OUR	

For Use in Texas

Texas Commission on Environmental Quality

Mail completed form to:

Texas Commission on Environmental Quality Dry Cleaning Registration Team (MC-138) P. O. Box 13087

Austin, Texas 78711-3087

TCEQ Account No.: Federal Tax ID No.:

Taxpayer ID No.: (512) 239-2160 and fax # (512) 239-3398 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 Customer No.: CN _____ Section 2. Owner Information Owner Name: Business Name or Last Name: _______First Name___ City: State: Zip Code: Mailing Address: Billing Address (if different): City: _____ State: ____ Zip Code: ____ Country (Outside USA) :____ ____ Email Address :___ 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? \square Yes \square No Has the dry cleaning solvent perchloroethylene ever been used at this location? \square Yes \square No Section 3. Facility Information Regulated Entity No.: RN _____ Facility Name: ______ Street Address: _____ City: ______ Contact Person: _____ Contact Person: _____ ______ Phone No.:____/______ Email Address :____ ___Fax No.:___/___-Title: 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 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 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? ____/___

Please complete a separate form for each dry cleaning facility

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

RN #								
Section 4. Real Property Owner								
Na	me:Contact Pe	erson:	Phone No:/					
Мс	iling Address:	City:	State	eZi	p			
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)	/	/	/	/			
lf p	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) ermanently out of use, has the machine been emptied of dry cleaning solvents? (yes or no)	Yes No	Yes No	Yes No	Yes No			
d. If y	Does dry cleaning machine have secondary containment? (Indicate Yes or No) es, when was it installed? (mm/yyyy) icate material of construction for containment:	Yes No		☐ Yes ☐ 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.	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:								
d. What is the number of gallons purchased annually? Perc PetroleumOther (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.								
Section 8. Associated Drop Stations								
a. b.	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							
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.								
Sig	nature of Owner or Legal Representative		C	oate/	/			
Prir	nt 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. By selecting yes, I am stating that I understand that all locations active with the Comptroller of Public Accounts, under the above listed owner must be submitted together.

Incomplete submissions will result in the forms being returned without being processed.