

## TCEQ - DRY CLEANING DROP STATION REGISTRATION FORM

<b>Please mail completed form to:</b> Dry Cleaning Registration Team (MC-138) Texas Commission on Environmental Quality P. O. Box 13087 Austin, Texas 78711-3087 (512) 239-2160 and fax # (512) 239-3398	<b>Texas Commission on Environmental Quality</b>		<b>For Use In Texas</b>	TCEQ Account No. : _____ Federal Tax ID No. : _____ Taxpayer ID No. : _____
---	--	---	---------------------------------	---

**TCEQ rules (Title 30 TAC § 337) state that annual renewal registration forms are due by August 1st of each year  
For each facility, complete a separate Dry Cleaning Facility Registration Form (Form# 20092)**

**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 drop station (Indicate effective date of the closing of the drop station) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 5  Change from facility to drop station (Indicate effective date of change) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 6  Amendment of:  Owner Information   
 9  Drop Station Information   
  Real Property Owner   
  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

**3. Drop Station Information** **Regulated Entity No.:** RN \_\_\_\_\_

Drop Station 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 Code: \_\_\_\_\_

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

Please indicate your gross receipts (this includes all sources of income from this location, including laundry receipts) for the last consecutive 12 months reported to the Comptroller:   
 \$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)

Date operations began at this location \_\_\_\_/\_\_\_\_/\_\_\_\_.

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

**Please complete a separate form for each dry cleaning drop station.  
For each facility, complete a separate Dry Cleaning Facility Registration Form (Form# 20092)**

CN # \_\_\_\_\_

RN # \_\_\_\_\_

**Section 4. Real Property Owner (if different from drop station owner)**

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

**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. Related Dry Cleaning Facilities (If there are dry cleaning facilities associated with this drop station, list them below)**

Name	Address	RN #
1.		
2.		
3.		

**Section 7. 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/Legal Representative \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**\*Please complete a separate form for each dry cleaning drop station.\*  
 For each facility, complete a separate Dry Cleaning Facility Registration Form (Form# 20092)**

*If you have any questions on how to fill out this form or about the Dry Cleaner program, please contact us at 512/239-2160. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512-239-2160.*