

TCEQ - DRY CLEANING PROPERTY OWNER/PRECEDING PROPERTY OWNER REGISTRATION FORM



**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
(512) 239-2160 and fax # (512) 239-3398

TCEQ Account No. :

Federal Tax ID No. :

Taxpayer ID No.:

Texas Health and Safety Code Section 374.1022 requires property owners and preceding property owners to register with the TCEQ in order to participate in Dry Cleaning Facility Release Fund benefits.

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

- 1 Initial Registration 2 Ownership Change (indicate effective date) ___/___/___
3 Amendment of: Owner Information Dry Cleaner Site Information Other _____

Section 2. Property Owner/Preceding Property 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 site Offsite at: Address: _____ City: _____ State: _____

Records Custodian/Contact Person: _____ Phone No.: ___/___-____ Fax No : ___/___-____

State Franchise Tax ID: _____ DUNS No. : _____ SOS Filing No: _____

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

Property Owner Status: Current Property Owner Preceding Property Owner

If registrant is a preceding property owner, does the registrant have an agreement with the current owner requiring the registrant to be responsible for any costs associated with cleaning up contamination covered under Chapter 374 of the Texas Health and Safety Code (Relating to Dry Cleaner Environmental Response) Yes No

Section 3. Dry Cleaning and Drop Station Site Information **Regulated Entity No.:** RN _____

Dry Cleaner Name: _____ Street Address: _____

City: _____ TEXAS Zip Code: _____ County: _____

Primary SIC Code: _____ Secondary SIC: _____ Primary NAICS Code: _____ Secondary NAICS: _____

Latitude: Degrees _____ Minutes _____ Seconds _____ Longitude: Degrees _____ Minutes _____ Seconds _____

Is the dry cleaning facility or drop station currently in operation? Yes No

Section 4. 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 5. Certification

The signature below indicates that I have personal knowledge of all the facts set forth in this document 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, and complete.

Print Name of Owner or Legal Representative _____ Title _____

Signature of Owner or Legal Representative _____ Date ___/___/___

Please complete a separate form for each dry cleaning facility or drop station site.

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