

TCEQ - DRY CLEANING RENEWAL 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. : _____ <hr/> Federal Tax ID No. : _____ <hr/> Taxpayer ID No.: _____
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TCEQ rules (Title 30 TAC 337) state that annual renewal registration forms are due by August 1st of each year.

Section 1. Renewal (Check all that applies—complete this form for renewal only.)

- Drop Station (If you are renewing drop station, complete sections 2 & 4.)
 Facility (If you are renewing facility/plant, complete sections 2, 3 & 4.)
 No Changes

NOTE: If there are any changes to the registration, please complete either the FACILITY Form #20092 or DROP STATION Form #20207.

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.

Section 2. Site Information

Regulated Entity No.: RN _____

Site Name: _____ Street Address: _____
 City: _____ TEXAS Zip Code: _____ County: _____ Contact Person: _____
 Title: _____ Phone No.: _____ Email Address : _____ Fax 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 A 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)

Section 3. Solvent Purchase and Use (Complete this section for facility/plant only.)

a. From whom do you purchase solvent?

1. Name: _____ TCEQ Distributor ID # _____
 2. Name: _____ TCEQ Distributor ID # _____

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

c. What is the number of gallons purchased annually? Perc _____ Petroleum _____ Other (Specify) _____

Section 4. 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 _____

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.