


TCEQ Dry Cleaner Remediation Program Update of Applicant and / or Property Owner

	Please mail/fax/or e-mail completed application to: Dry Cleaner Remediation Program (MC-136) Texas Commission on Environmental Quality P. O. Box 13087 Austin, Texas 78711-3087 (512) 239-XXXX (512)239-2303 fax Email address: PMname @tceq.state.tx.us	For Agency Use Only: Date Received: Date Administratively Complete: DCRP Number:
	Attn: Project Manager	

PLEASE NOTE: Use this form to make any necessary changes to the DCRP Applicant and / or Property Owner. The items listed in the checklist below are necessary to process the Change of Property Owner for the Dry Cleaner Remediation Program and Dry Cleaner Registration. Please complete each listed item and attach them to the completed checklist.

	Purpose of this Submittal (check all that apply)	Required Attachments
<input type="checkbox"/>	Change in Property Owner	Attachments 1, 2, 3, 4, and 5
<input type="checkbox"/>	Change in Applicant or Applicant Status	Attachments 2 and 5

Please provide any additional information: (i.e. new property owner is assuming role as applicant) _____

Attachment	Property Owner Change Checklist
#1 <input type="checkbox"/>	Completed Update for Change of Property Owner Form with all appropriate spaces filled and all required signatures.
#2 <input type="checkbox"/>	Completed Dry Cleaning Property Owner/ Preceding Property Owner Registration Form (TCEQ Project Manager will forward to Registration Team) http://www.tceq.state.tx.us/assets/public/remediation/dry_cleaners/forms/20400propreg.pdf
#3 <input type="checkbox"/>	Consent for Access to Property (TCEQ - 20109 Attachment C) from both the real property owner and the facility owner. http://www.tceq.state.tx.us/assets/public/remediation/dry_cleaners/forms/20109_c.pdf
#4 <input type="checkbox"/>	Proof of ownership (e.g., copies of the deed, property tax receipts).
#5 <input type="checkbox"/>	TCEQ Core Date Form (TCEQ – 10400) http://www.tceq.state.tx.us/assets/public/permitting/centralregistry/10400.pdf <i>Instructions at</i> http://www.tceq.state.tx.us/permitting/central_registry/guidance.html

TCEQ Dry Cleaner Remediation Program Update of Applicant and / or Property Owner

Section 1. Applicant Type (Check all that apply and enter the CN if already assigned.)

- | | |
|---|-----------|
| <input type="checkbox"/> Facility Owner (Must include Proof of Ownership.) | CN: _____ |
| <input type="checkbox"/> Former Facility Owner (Must include Proof of Ownership.) | CN: _____ |
| <input type="checkbox"/> Real Property Owner (Must include Proof of Ownership.) | CN: _____ |
| <input type="checkbox"/> Preceding Real Property Owner responsible for cleanup [Must include documentation of the agreement with the current landowner in accordance with the Texas Health & Safety Code, Chapter 374.154(b)(3)]. | CN: _____ |

Section 2. Current Real Property Owner Information (required for all applications)

Business Name (if applicable): _____

Contact Person: Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Country: _____

Phone No.: _____ / _____ - _____ Fax No.: _____ / _____ - _____

E-mail Address: _____

Type of Owner:

Individual Sole Proprietorship DBA Corporation Partnership Other _____

Location of Records:

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Country: _____

Records Custodian/Contact Person: _____

Phone No.: _____ / _____ - _____ Fax No.: _____ / _____ - _____

State Franchise Tax ID: _____ Federal Tax ID: _____

Data Universal Numbering System (DUNS) No.: _____

Independently Owned & Operated: Yes No

Number of Employees: 0-20 21-100 101-250 251-500 501 & Higher

Section 3. Facility Information (Fill out as shown on certificate, if applicable.)

RN: _____ TCEQ Registration Account #: _____

Is the site currently an operating dry cleaning facility or dry cleaning drop station? Yes No

If applicable, does the operating dry cleaning facility use Perchloroethylene (PCE, PERC)? Yes No N/A

Type of Certificate: **Note: Please include a copy of Certificate with this Application**

- | | |
|---|--|
| <input type="checkbox"/> Drop Station | <input type="checkbox"/> Participating Non-Perchloroethylene Dry Cleaning Facility |
| <input type="checkbox"/> Registered Dry Cleaning Facility | <input type="checkbox"/> Property Owner |
| <input type="checkbox"/> None | <input type="checkbox"/> Preceding Property Owner |

Name of Facility: _____

Street Address: _____

City: _____ Texas Zip Code: _____ - _____ County: _____

Facility Owner Name: _____

Mailing Address: _____

City: _____ State _____ Zip Code: _____ - _____ Country: _____

Contact Person: Last Name: _____ First Name: _____

Phone No.: _____ / _____ - _____ Fax No.: _____ / _____ - _____

E-mail Address: _____

Please provide the following information (if known):

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

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

Standard Industrial Classification (SIC): _____ North American Industrial Classification System (NAICS): _____

Section 4. Certification

15a. Facility Owner or Operator / Former Facility Owner or Operator (Sign if applicant or co-applicant.)

I certify under penalty of law that I am over the age of eighteen (18) years and am competent and able to certify to these facts. I am fully aware, cognizant, and 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 to the best of my knowledge.

I understand that the DCRP Application for Ranking 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.

I understand that, in order to be eligible to claim benefits from the Dry Cleaner Remediation Fund, a property owner or previous property owner is required to register and pay an annual registration fee of \$1,500 per year. The deadline for property owner and previous property owner registration is December 31, 2007. Late registrations are allowed, however late registrants will be assessed a \$100 per month late fee in addition to registration fees. DCRP Applications for Ranking without registrations will not be accepted.

I understand that non payment of registration fees by Property Owners and Previous Property Owners may result in liens against the property for past due registration fees and clean up costs that occurred while fees were in arrears.

I understand that perchloroethylene may not be used at a site subject to corrective action under the Dry Cleaning Facility Release Fund. I also understand that, following the commencement of corrective action under the Dry Cleaning Facility Release Fund, a written notice will be filed in the real property records of the county or counties where the site is located to notify future property owners that perchloroethylene may not be used at the site.

Signature of Facility Owner or Operator: _____ Date: ____/____/____

Print Name of Owner or Operator: _____ Title: _____

15b. Real Property Owner / Preceding Property Owner (Sign if applicant or co-applicant.)

I certify under penalty of law that I am over the age of eighteen (18) years and am competent and able to certify to these facts. I am fully aware, cognizant, and 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 to the best of my knowledge.

I understand that the DCRP Application for Ranking 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.

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Signature of Real Property Owner: _____ Date: ____/____/____

Print Name of Owner: _____ Title: _____