

# LEAKING PETROLEUM STORAGE TANK PROJECT MANAGER RENEWAL APPLICATION

## SECTION 1: Company Information

Representative's Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

## SECTION 2: Sign the Application Affidavit - If you do not sign the affidavit, your application will be denied.

AFFIDAVIT. I hereby certify under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that all information is true, accurate and complete. I understand that any misrepresentation or falsification may result in DENIAL of my application or in REVOCATION of any license or registration issued as a result of this application. I further certify that this company has maintained and will continue to maintain the financial requirements of a net worth of at least \$25,000 and the required liability insurance of \$1,000,000 throughout the period that the company holds a valid registration.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

## SECTION 3: Branch Office Information (For BRANCH OFFICES operating under the same Federal TAX Identification Number)

ADDITIONS, DELETIONS, OR CORRECTIONS ONLY (Please indicate by marking appropriate box) \*\*\* USE ADDITIONAL SHEETS IF NECESSARY

Physical Address: _____ City: _____ State Abbr: _____ Zip Code: _____ Business Telephone: _____ Name of Auth. Repr: _____ <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Correction	Physical Address: _____ City: _____ State Abbr: _____ Zip Code: _____ Business Telephone: _____ Name of Auth. Repr: _____ <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Correction
Physical Address: _____ City: _____ State Abbr: _____ Zip Code: _____ Business Telephone: _____ Name of Auth. Repr: _____ <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Correction	Physical Address: _____ City: _____ State Abbr: _____ Zip Code: _____ Business Telephone: _____ Name of Auth. Repr: _____ <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Correction

Check to make sure the following attachments are included with this renewal application:

\_\_\_\_\_ Any additional information required by the enclosed letter, if a letter was enclosed.

## SECTION 4: Pay Fee.

**PLEASE NOTE:** To allow for processing time, your renewal application should be submitted to the executive director **AT LEAST 30 DAYS BEFORE the EXPIRATION** of your registration. Your registration cannot be renewed until this application, its attachments and fee have been received.

**Warning:** Your application must be **SUBMITTED** to the executive director or be **POSTMARKED** by the expiration date of the registration or the application will be denied and you will need to reapply for a new registration. The application fee will not be refunded for an application submitted late or denied.

(License Renewal Fee: \$ 232.00)

## SECTION 5: Mail Application and Supporting Documents.

Make a copy of this application for your records. Mail your completed application and payment to:

TCEQ, MC-214  
PO Box 13088  
Austin, TX 78711-3088

(To over-night): TCEQ, MC-214  
12100 Park 35 Circle  
Austin, TX 78753