

Form OP-CRO2 - Instructions
Change of Responsible Official Information
Texas Commission on Environmental Quality

General:

Title 30 Texas Administrative Code § 122.165 (30 TAC § 122.165) (relating to “Certification by a Responsible Official”) states that the Texas Commission on Environmental Quality (TCEQ) shall be notified of any appointment of a new Responsible Official (RO). Notification of appointments of new Designated Representatives (DR) and/or Alternate Designated Representatives (ADR) is also required. A revised U.S. Environmental Protection Agency (EPA) form (Certificate of Representation) must also be submitted to EPA, and a copy submitted to TCEQ, for changes of DR and/or ADR. To maintain accurate records regarding applications and permits, TCEQ requires that administrative information changes (e.g., address, phone number, or title) for the RO, DR, or ADR also be reported. This form satisfies the requirements for these notifications.

During an application review, change notifications should be included in the next submittal to TCEQ regarding the permit. Please notify TCEQ in advance of changes. Also, note that information changes pertaining to only one type of contact may be submitted per form. If the change(s) applies to more than one individual, submit separate forms for each. After the initial submittal, if there is a new Duly Authorized Representative (DAR) appointment or an administrative information change (e.g., address, phone number, or title) regarding the DAR, include a revised Form OP-DEL (Delegation of Responsible Official) with the next submittal to TCEQ.

This form must bear the signature of either the RO, DR, or ADR. Signature stamps can be accepted in place of an original signature. Electronic signature stamps such as **DocuSign will not be accepted. The Signature Date will be used to validate the signature authority of the RO, DR, or ADR, and must be on or after the effective date of the RO, DR, or ADR certifying to the change.** An RO, DR, or ADR cannot certify information unless the RO, DR, or ADR has signature authority. The effective date of the RO, DR, or ADR certifying to the change will be based on one of the following:

1. the date the initial application was submitted, if the name of the RO certifying to the change was included in the initial application submittal on Form OP-1 (Site Information Summary); or
2. the date the initial EPA Form 7610-1 (Certificate of Representation) was signed, if the name of the DR or ADR certifying to the change was included in the initial submittal of EPA Form 7610-1; or
3. the Appointment Effective Date on Form OP-CRO2, if the RO, DR, or ADR certifying to the change is not the original RO, DR, or ADR included in the initial Form OP-1 or EPA Form 7610-1, and the RO, DR, or ADR was changed via Form OP-CRO2.

This form must be submitted to TCEQ through Title V STEERS. A copy of the form must also be submitted to the appropriate TCEQ Regional Office and EPA. Information on where to submit this form can be found on the TCEQ website at: www.tceq.texas.gov/permitting/air/titlev/submittal.html.

TCEQ also requires that a Core Data Form be submitted on all incoming applications unless **all** the following are met: the Regulated Entity Number (RN) and Customer Reference Number (CN) have been issued by TCEQ and no core data information has changed. The Central Registry is a common record area of TCEQ which maintains information about TCEQ customers and regulated activities, such as company names, addresses, and telephone numbers. This information is commonly referred as “core data.” The Central Registry provides the regulated community with a central access point within the agency to check core data and make changes when necessary. When core data about a facility is moved to the Central Registry, two new identification numbers are assigned: the CN and the RN. The Core Data Form is required if facility records are not yet part of the Central Registry or if core data for a facility has changed. If this is the initial permit for a site, then the Core Data Form must be completed and submitted with application forms. If amending, modifying, or otherwise updating an existing record for a site, the Core Data Form is not required, unless any core data information has changed. To review additional information regarding the Central Registry, go to the TCEQ website at: www.tceq.texas.gov/permitting/central_registry/guidance.html.

Specific:

I. Identifying Information

- **Account No.:** Enter the primary TCEQ account number (*XX-XXXX-X*) for the site if issued.
Note: Please use these instructions when completing Section V, if applicable.
- **RN:** Enter the Regulated Entity Number (RN) for the site if issued. This number is issued by TCEQ as part of the central registry process. If an RN has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc. in this space (maximum 11 characters; RNXXXXXXXXXX).
Note: Please use these instructions when completing Section V, if applicable.
- **CN:** Enter the Customer Reference Number (CN) for the site if issued. This number is issued by TCEQ as part of the central registry process. If a CN has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc. in this space (maximum 11 characters; CNXXXXXXXXXX).
Note: Please use these instructions when completing Section V, if applicable.
- **Permit No.:** Enter the operating permit number, if known (*OXXXX*). If this is an initial application submittal for an SOP, a TOP, or a GOP, the permit number will be assigned upon receipt by TCEQ. In this case, enter “TBA” for “to be assigned.” The permit number will appear on all correspondence from TCEQ regarding a specific application or group of applications. The applicant may contact the permit review engineer for assistance.
Note: Please use these instructions when completing Section V, if applicable.
- **Area Name:** Enter the area name used on Form OP-1 (Site Information Summary) of the initial application. If there is only one permit at the site, the area name is the same as the site name (maximum 50 characters).
Note: Please use these instructions when completing Section V if applicable.
- **Company Name:** Enter the name of the company, corporation, organization, individual, etc. applying for or holding the referenced permit (maximum 50 characters).
Note: Please use these instructions when completing Section V, if applicable.

II. Change Types

- **Action Type:** Indicate the type of action, “New Appointment” (of the RO, DR, or ADR) or “Administrative Information Change,” by placing an “X” in the appropriate box.
- **Contact Type:** Indicate one of the following options for the type of appointment or the role of the individual whose information is being changed or updated by placing an “X” in the appropriate box. Only one response can be accepted per form. If the change(s) applies to more than one individual, submit separate forms for each.
 - Responsible Official
 - Designated Representative (*Acid Rain Program and/or CSAPR sources only*)
 - Alternate Designated Representative (*Acid Rain Program and/or CSAPR sources only*)

Note: The DAR appointments and information changes are submitted on Form OP-DEL (see “General”).

III. Responsible Official/Designated Representative/Alternate Designated Representative Information

- **Conventional Title:** Place an “X” next to the appropriate conventional title (Mr. /Mrs. /Ms. /Dr.).
- **Name:** For submittals with an “Action Type” designation of “New Appointment,” enter the name of the new RO, DR, or ADR. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the name of the current RO, DR, or ADR, incorporating any necessary changes (maximum 25 characters). Note: Use the name on the driver’s license associated with the STEERS account.
- **Title:** For submittals with an “Action Type” designation of “New Appointment,” enter the title of the new RO, DR, or ADR (maximum 25 characters). For submittals with an “Action Type” designation of “Administrative Information Change,” enter the title of the current RO, DR, or ADR, incorporating any necessary changes (maximum 25 characters).
- **Appointment Effective Date:** For submittals with an “Action Type” designation of “New Appointment,” enter the date that the appointment of the new RO, DR, or ADR became, or will become, effective (MM/DD/YYYY).

For submittals with an “Action Type” designation of “Administrative Information Change,” leave the Appointment Effective Date blank. The signature date in Section IV will become the effective date of the information change(s).
- **Telephone Number:** For submittals with an “Action Type” designation of “New Appointment,” enter the telephone number with the area code of the new RO, DR, or ADR. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the telephone number of the current RO, DR, or ADR, if changed. If the telephone number is unchanged, leave the space blank.
- **Fax Number:** For submittals with an “Action Type” designation of “New Appointment,” enter the fax number with the area code of the new RO, DR, or ADR. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the fax number of the current RO, DR, or ADR, if changed. If the fax number is unchanged, leave the space blank.
- **Company Name:** For submittals with an “Action Type” designation of “New Appointment,” enter the company name for the new RO, DR, or ADR. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the company name of the current RO, DR, or ADR, if changed. If the company name is unchanged, leave the space blank (maximum 50 characters).
- **Mailing Address:** For submittals with an “Action Type” designation of “New Appointment,” enter the mailing address for the new RO, DR, or ADR, including city, state, and zip code. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the city, state, and zip code of the mailing address for the current RO, DR, or ADR, if changed. If any portion of the mailing address is unchanged, leave the corresponding space blank. (address maximum - 50 characters; city maximum 25 characters)
- **Email Address:** For submittals with an “Action Type” designation of “New Appointment,” enter the email address for the new RO, DR, or ADR. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the email address for the current RO, DR, or ADR, if changed. If the email address is unchanged, leave the space blank. (email address - maximum 50 characters)

IV. Certification of Truth, Accuracy, and Completeness

For submittals with an “Action Type” designation of “New Appointment,” enter the information of the new RO, DR, or ADR. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the information for the current RO, DR, or ADR.

- **Certifier Name:** Print or type the name of the RO, DR, or ADR (maximum 25 characters).
- **Signature:** Affix the signature of the RO, DR, or ADR.
- **Signature Date:** Enter the date this form was signed by the RO, DR, or ADR (MM/DD/YYYY).

Note: The Signature Date will be used to validate the signature authority of the RO, DR, or ADR, and must be on or after the effective date of the RO, DR, or ADR certifying to the change. See the “General” section for information regarding the effective date of an RO, DR, or ADR.

Extension Page

V. Additional Identifying Information

Complete this table only if this certification form is being used to certify information on multiple application areas or sites for which the RO, DR, or ADR has signature authority. Please see the instructions in Section I of this form for completing the identifying information.

Note: Please include Federal Operating Permit Numbers only. New Source Review Permit Numbers should not be included on this form.

Form OP-CRO2
Change of Responsible Official Information
Federal Operating Permit Program

The Texas Commission on Environmental Quality (TCEQ) shall be notified of a new appointment or administrative information change (e.g., address, phone number, title) for a Responsible Official (RO), Designated Representative (DR), or Alternate Designated Representative (ADR) in the next submittal. This form satisfies the requirements for notification (a revised Certificate of Representation must also be submitted to the U.S. Environmental Protection agency for changes in the DR and ADR). After the initial submittal, if there is a change of Duly Authorized Representative (DAR) appointment or administrative information changes for the DAR, include a revised Form OP-DEL (Delegation of Responsible Official) with the next submittal to TCEQ.

I. Identifying Information
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name:
Company:
II. Change Type
Action Type:
<input type="checkbox"/> New Appointment
<input type="checkbox"/> Administrative Information Change
Contact Type (only one response accepted per form):
<input type="checkbox"/> Responsible Official
<input type="checkbox"/> Designated Representative (<i>Acid Rain Program and/or CSAPR sources only</i>) <i>Alternate Designated</i>
<input type="checkbox"/> Representative (<i>Acid Rain Program and/or CSAPR sources only</i>)

Form OP-CRO2
Change of Responsible Official Information
Federal Operating Permit Program

III. Responsible Official/Designated Representative/Alternate Designated Representative Information
Conventional Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
Name (Driver's License/STEERS):
Title:
Appointment Effective Date:
Telephone Number:
Fax Number.:
Company Name:
Mailing Address:
City:
State:
ZIP Code:
Email Address:

Form OP-CRO2
Change of Responsible Official Information
Federal Operating Permit Program

IV. Certification of Truth, Accuracy, and Completeness

This certification does not extend to information, which is designated by TCEQ as information for reference only.

I, _____, certify that based on information and belief formed Reasonable inquiry, the statement and information stated above are true, accurate, and complete.

Signature: _____

Signature Date: _____

**Change of Responsible Official
Federal Operating Permit Program
(Extension)**

V. Additional Identifying Information
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name:
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name:
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name:
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name:
Account Number:
Regulated Entity Number: RN
Customer Reference Number: CN
Permit Number:
Area Name: