

Per 30 TAC §321.7(d), all applications and payments must be submitted electronically. Persons unable to comply may request a waiver from this requirement by completing this form. If you have any questions about completing this form, please contact the Clean Water Certification Program at 512-239-BOAT (2628).

select one of the following requests:
☐ Complete Waiver of Electronic Submittal of Application and Payment (Section 1 to 3)
Partial Waiver for either Electronic Submittal of Application or Payment:
Application (Section 1 and 2) or
Payment (Section 3)
NOTE: Completion of Section 4 is required all waiver requests.
Section 1. Owner Information Legal Owner:
Contact Information
First Name: Middle Initial: Last Name:
Street / Mailing Address:
City or Town: State: Zip Code: County:
Phone Number: Alternate Phone Number:
E-mail Address:
Section 2. Pump-Out Station Information
RN (if known):
Is the pump-out station portable or stationary? Portable Stationary
Name of Marina where pump-out station is located:
Name of Lake, Reservoir, or other waterbody:
After material is pumped from boats, where is it routed? Holding Tank Septic Tank Organized Sewage System Vacuum Truck (requires registration with TCEQ) Other:

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Section 3. Payment

Fee Type Indicate applicable fee to application: ☐ Initial (\$35.00) Renewal (\$25.00) Payment Information: Check/Money Order Number: ______ Check/Money Order Amount: _____ Name Printed on Check: _____ Mailed Voucher Number: _____ **EPay** Section 4. Certification Statement

Indicate reason for requesting a waiver from electroni	c reporting:
☐ I don't have a computer ☐ I don't have internet access ☐ I have limited internet access ☐ I need additional training on electronic reporting ☐ I have a religious objection to electronic reporting	
I certify that the above information is true and signing this document, I am self-certifying that requirements of 30 TAC §321.	
Owner's Signature:	Date:

NOTE: A certificate issued based on information supplied in this application is subject to cancellation if that information is false or fraudulent.

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 512-239-2628.

Mailing Instructions

Retain a copy of your application for your records. Mail your completed application and/or payment to the following address:

> Clean Water Certification Program (MC 174) Texas Commission on Environmental Quality P.O. Box 13087 Austin, Texas 78711-3087

For Office Use Only	
Fee Enclosed:	
Processed Date:	