

For TCEQ use only: APO/AP _____/RE/_____



Registration for Aggregate Production Operations

Bold items required for all notifications. ** Items marked are required for all new notifications.* Please print clearly or type.

[Use STEERS e-Permits to submit electronically](#)

[Instructions for filling out this form](#)

Registration number (required for all updates and renewals): AP _____

Effective Date: _____

Submission Reason: New Renewal Modification

Part A: Site Information (refers to the location for the aggregate operation)

1. Regulated Entity Number: RN _____

2. Site Name: _____

Site Address:*

3. Street Address: _____

or (if site does not have a street address)

4. Site location description: _____

and

5. City*: _____, TX

6. Zip+4*: _____ - _____

7. County*: _____

8. Primary SIC Code*: _____

Part B: Applicant Contact Information

9. First name:* _____ 10. Last name:* _____

11. Title:* _____

12. Company Name:* _____

13. Mailing Address:* _____

14. City:* _____

15. State:* _____

16. Zip+4:* _____ - _____

17. Telephone:* _____

18. Fax: _____

19. Email: _____

Please provide an email address to get reminders about your APO registration's annual renewal.

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Registration number (required for all updates and renewals): AP _____

Effective Date: _____

Site Name: _____

Submission Reason: New Renewal Modification

Part C: Responsible Party Information

20. Customer number: CN _____

21. Responsible party name:* _____

(Legal name or legal business name as filed with the Secretary of State's office)

22. Type of customer:*

Corporation

State Government

Individual

Other Government

City Government

General Partnership

County Government

Limited Partnership

Federal Government

Other: _____

Tax information (for individual ownership type, go to #27)

23. Federal Tax ID: _____

24. TX State Franchise Tax ID: _____

25. Texas Secretary of State Filing Number:* _____

26. Number of Employees:	0-20	21-100
	101-250	251-500
		501 and higher

Responsible Party Contact Information

Same as applicant contact in Part B

27. First Name:* _____ 28. Last Name:* _____

29. Title:* _____

30. Company Name:* _____

31. Mailing Address:* _____

32. City:* _____

33. State:* _____ 34. Zip+4:* _____ - _____

35. Telephone:* _____ 36. Fax: _____

37. Email: _____

For TCEQ use only: APO/AP _____/RE/_____ /

Registration number (required for all updates and renewals): AP _____

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Site Name: _____

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Part D: Aggregate Production Operations Information

38. Materials extracted from the site:* (Select all that apply.)

Granite

Sand

Soil

Limestone

Caliche

Other: _____

Gravel

39. Total number of acres disturbed for this APO:* _____ acres
(The number of acres disturbed determines your fee in Part G of this form.)

Part E: Map Required

If this application is for a new registration, provide an 8 1/2 x 11 aerial map showing the specific location of this APO. Include the boundaries for the entire property where the APO occurs and latitude and longitude coordinates for each pit/excavation site on your site. Indicate your APO registration number on the map you submit. For maps for new registrations, indicate "NEW" on the map you submit. See the [20634 Form Instructions](#) for more information on submitting a map.

If this application is a renewal or update of an existing registration, provide an updated map only if there have been any changes to the property boundaries of the land for which you are responsible since you last provided a map to TCEQ.

Part F: Responsible Party Certification

I certify that I have read and understand the terms and conditions of 30 Texas Administrative Code Chapter 342. I understand that APO registrations require annual renewal prior to expiration. I understand that I must cancel this registration when it is no longer needed. I certify that the full legal name of the entity applying for this registration has been provided and is legally authorized to do business in Texas.

I certify that, based on information and belief formed under reasonable inquiry, the statements and information contained in the attached documents is true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I have authority to sign and submit this document for this entity as described in the instructions for this form and can provide documentation in proof of such authorization upon request.

Name:* _____

Signature:* _____

Include page 4 of this form to indicate the payment information.

For TCEQ use only: APO/AP _____/RE/_____

Registration number (required for all updates and renewals): AP _____

Effective Date: _____

Site Name: _____

Part G: Application Fee Information (Fee code APO)

New and renewal applications must include fee payment. Paperclip checks or money orders to the bottom of this page.

Payment amount: _____

If this payment covers multiple registrations, include a list of each site covered by this payment. On the list, provide the registration number (for renewals) and all of the information in Part A #1-7 of this form for each site.

Acres Disturbed	Fee
0 - 10 acres	\$474
>10 and <= 50 acres	\$790
>50 and <= 100 acres	\$1,106
>100 acres	\$1,500

Indicate method of payment:

Electronic payment via ePay at <http://www3.tceq.texas.gov/epay/>, voucher # _____

Check Name on check _____ Check # _____

Money order Money order # _____

Are there any outstanding fees or penalties due to the TCEQ from this owner? Yes No

If yes, provide the amount \$ _____ and the identifying account number _____.

The registration form will not be processed until all delinquent fees and/or penalties owed to the TCEQ are paid.

Submission Information

Mail completed form to:

Texas Commission on Environmental Quality
Cashier's Office MC-214
PO Box 13088
Austin, TX 78711-3087

Use the following address for any submissions sent via overnight services:

Texas Commission on Environmental Quality
Registration and Reporting Section MC-129
12100 Park Circle 35 Bldg D
Austin, TX 78753

Email **only modifications or renewals that were paid using ePay** to aporeg@tceq.texas.gov or fax them to (512) 239-6410. Any renewals requiring payment or new registrations submitted by email or fax will be returned to the sender.

For any questions about filling out this form not covered in the [instructions](#), or for information about the Aggregate Production Operations Registration Program, contact us at (512) 239-6413 or aporeg@tceq.texas.gov.

Individuals are entitled to request and review their personal information the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, please contact the TCEQ Public Information Section at (512) 239-3282.