



Cancellation of Aggregate Production Operations Registration

Bold items required for all notifications. Please print clearly or type.

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

Registration number: AP _____ **Effective Date:** _____

Submission Reason: ☐ The aggregate production activity requiring a registration has ceased.
☐ The planned aggregate production activity will not occur.

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

1. Regulated Entity Number: RN ¹ _____

2. **Site Name:** _____

Part B: Applicant Contact Information

3. **First name:** _____ 4. **Last name:** _____

5. **Title:** _____

6. **Company Name:** _____

7. **Mailing Address:** _____

8. **City:** _____

9. **State:** TX 10. **Zip+4:** _____ - _____

11. **Telephone:** _____ 12. **Fax:** _____

13. **Email:** _____

Part C: Responsible Party Information

14. Customer number: CN ⁶ _____

15. **Responsible party name:** _____

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

Responsible Party Contact Information

☐ Same as applicant contact in Part B

16. **First Name:** _____ 17. **Last Name:** _____

18. **Title:** _____

19. **Company Name:** _____

20. **Mailing Address:** _____

21. **City:** _____

22. **State:** TX 23. **Zip+4:** _____ - _____

24. **Telephone:** _____ 25. **Fax:** _____

26. **Email:** _____

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

Part D: Responsible Party Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, 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 am authorized under 30 Texas Administrative Code 305.44 to sign and submit this document and can provide documentation in proof of such authorization upon request.

Name: _____

Signature: _____

Submission Information

Email completed form to aporeg@tceq.texas.gov, or

Mail to:

Texas Commission on Environmental Quality
APO Registration MC-134
PO Box 13087
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-134
12100 Park Circle 35 Bldg D
Austin, TX 78753

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) 239-2628 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.