



Instructions for Application to Claim a Registration by Rule as a Mobile On-Site Treater of Medical Waste

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Owners or operators of mobile treatment units conducting on-site treatment of untreated medical waste must register via this form. Use this form for new (initial) notifications as well as subsequent notifications (updates). For updates, complete only the pages with items that have changed and Part G.

Read the instructions for additional information to determine if this form should be used for your company. Please note that incomplete forms will not be processed and may be returned to the sender for completion.

Items in bold must be filled out for all notifications. Items with * are required for all new registrations. Print clearly or type.

Transporter Registration MSW#:

- For new notifications, leave the Transporter Registration Municipal Solid Waste number blank. Your company will be assigned a Transporter Registration MSW number when TCEQ processes the notification.
- For updates, enter the 5-digit Transporter Registration MSW number assigned to your company. If you're unsure of the Transporter Registration MSW number, check the TCEQ [Central Registry search](#), or you can find it on your notice of registration.
- When filled out via computer, the Transporter Registration MSW number will automatically populate on the other pages of the form.

Effective Date:

Indicate the date that new the information provided went into effect. The date cannot be a future date. When this form is filled out via computer, the effective date will automatically populate on the other pages of the form.

Submission Reason: (for Parts A-F)

When this form is filled out via computer, the submission reason will automatically populate on the other pages of the form.

New: Mark "New" if this is the first notification for this company/facility or individual at this site address. Items marked with * are required for all new notifications.

Update:

- Mark "Update" if this site already has a Transporter Registration MSW and updated information is being provided about the company. Updates can include change of address or ownership, adding or removing vehicles, changing contact information, or other information included on this form.
- For updates, indicate the 5-digit Transporter Registration MSW number for the site on all pages submitted.
- Complete only the pages with items that have changed and Part G.

Part A: Site Information (refers to the company submitting registration)

This is the regulated site for the company requesting the registration. The site is the location of the office and/or truck lot.

1. Regulated Entity Number

Enter the 9-digit Regulated Entity Number (RN) assigned by TCEQ if this company already has one. Leave this item blank if the site does not have a RN.

2. Company name

Enter the name the site will be known as/by, such as a DBA. Be sure to use a fully descriptive name. (e.g. ABC Company Warehouse 4, not Warehouse 4.) If a site/company does not have an existing RN, the Registration and Reporting section will use the company name as the regulated entity name.

When this form is filled out via computer, the company name will automatically populate to the other pages of the form.

In accordance with the TCEQ Central Registry Naming Standards, a company/site name should not contain INC, CO, LP, etc. in the name unless it is an integral part of the company/site name. This standard also applies to all the following organizational endings:

- | | | |
|-----------------------------------|---|--|
| <input type="radio"/> Associated | <input type="radio"/> Incorporated | <input type="radio"/> Limited |
| <input type="radio"/> Associates | <input type="radio"/> INC | <input type="radio"/> LP |
| <input type="radio"/> Association | <input type="radio"/> LC | <input type="radio"/> PA |
| <input type="radio"/> ASSOC | <input type="radio"/> LLC | <input type="radio"/> Professional Limited Liability Company |
| <input type="radio"/> Company | <input type="radio"/> Limited Liability Company | <input type="radio"/> Professional |
| <input type="radio"/> Corporation | <input type="radio"/> Limited Company | <input type="radio"/> PLLC |
| <input type="radio"/> CO | <input type="radio"/> LTD | <input type="radio"/> PC |
| <input type="radio"/> CORP | <input type="radio"/> Limited Partnership | |

Notification paperwork received with any of the above organizational endings in the facility name field may be returned for correction unless a justification is provided. To eliminate any delay in processing your notification, ensure you follow these standards. For any questions regarding standards for organizational endings, contact the TCEQ Central Registry at 512-239-5175.

Company Address

3. Street Address

Enter the physical street address of the company/site. Do not provide a P.O. Box.

4. City

Enter the city for the physical location of the site.

5. State

Enter the state for the physical location of the site.

6. Zip+4

Enter the zip code for the physical location of the site.

7. County

Enter the county in which the site is located.

8. Outstanding Fees

Check “Yes” or “No” to indicate whether the company has any outstanding fees or penalties due to TCEQ. If the company has any amounts due, indicate the amounts owed and the account number associated to the fees. Note that registrants must pay all delinquent fees and/or penalties owed to TCEQ in order to obtain a registration.

Part B: Attachments to be Submitted

Initial notifications should have all of the listed documentation attached. For questions about the information contained in the attachments, contact Municipal Solid Waste (MSW) Permits at 512-239-2335.

Part C: Customer Information (for the company registering)

The customer is the individual or organization responsible for the company. The information included in this part should refer to the legal entity that is the owner and operator of the waste activities registered on this form.

9. Customer Number

Enter the 9-digit Customer Number (CN) here if TCEQ has already assigned one to the organization/individual. If the organization/individual does not have a customer number, leave this item blank. A new CN is assigned only if the company has not yet been issued a CN. A Customer may be involved with many sites and/or licenses but should only have a single CN.

10. Owner/Operator Name

This name should be the complete legal name as filed with the Secretary of State’s office or Comptroller of Public Accounts, unless the registrant is an individual or sole proprietor. Verify the correct legal name for the organization/individual by searching the Secretary of State and/or Texas Comptroller Websites or by calling their help lines.

Secretary of State 512-463-5555 <http://direct.sos.state.tx.us/acct/acct-login.asp>

Texas Comptroller 1-800-252-1386 <https://ourcpa.cpa.state.tx.us/coa/Index.html>

The company listed may be an individual, trust, firm, joint stock company, federal agency, corporation (including a government corporation), partnership, association, state, municipality, commission, political subdivision of a state, or any interstate body responsible for the overall operation and ownership of the company.

11. Type of Customer

Check ONE box that best indicates the Customer’s organization type. A Limited Liability Company is considered a Corporation. If none of the boxes fit your situation, check “Other” and write in the type.

- **Corporation:** The Customer meets all of the following:
 - Is legally incorporated under the laws of any state or country
 - Is recognized as a corporation by the Texas Secretary of State
 - Has proper operating authority to operate in Texas

Examples of Corporations

- General Corporations
- Subchapter S Corporations
- Limited Liability Companies (LLC)
- Water Supply Corporations
- **Individual:** An individual is a person regulated by TCEQ but who has not established a business.
- **Sole Proprietorship – D.B.A.:** The Customer in this case is a business owned by only one person and not incorporated. This business may:
 - Be under the person’s name
 - Have its own name (“doing business as”, or DBA)
 - Have any number of employees
 - On the form, provide the first name, last name and dba name in this format. (e.g. Bryan Smith dba Cool Cleaners)
- **Limited Partnership (LP & LLP):** A Texas limited partnership is a partnership formed by two or more persons, having one or more general partners and one or more limited partners. The limited partnership operates in accordance with a partnership agreement, written or oral, of the partners as to the affairs of the limited partnership and the conduct of its business. While the partnership agreement is not filed for public record, the limited partnership must file a certificate of limited partnership with the Texas Secretary of State (SOS). The Secretary of State provides a form for the certificate of limited partnership which meets minimum state law requirements.
- **General Partnership:** A general partnership is created when two or more persons associate to carry on a business for profit. A partnership generally operates in accordance with a partnership agreement, but there is no requirement that the agreement be in writing and no state-filing requirement. General partnerships are required to file with the county in which they operate. Submit a tax ID if you have a sales tax permit.
- **Government – Federal, State, County or City:** The Customer is either an agency of one of these levels of government or the governmental body itself (e.g. Blanco County, City of Houston, Texas Department of Transportation)
- **Government – Other:** The Customer is a utility district, water district, tribal government, college district, council of governments or river authority. (e.g. Lower Colorado River Authority).
- **Other:** Does not fit any of the previous descriptions (e.g. joint venture, trust, or an estate). Enter a short description of the Customer type in the blank provided

Tax Information

12. Federal Tax ID

All businesses, except some small sole proprietors and individuals should have a federal taxpayer identification number (FEIN). **Do not enter a Social Security number in this field.** Individual ownership types can skip to #15. Do not use prefixes, dashes or hyphens. For more information on Federal Tax IDs visit <http://www.irs.gov/businesses/small/article/0,,id=97872,00.html>.

13. TX State Tax ID

Leave this field blank if the Customer has not been issued a TX State Tax ID. If one has been issued, enter it here. Check the State Comptroller’s website at <https://ourcpa.cpa.state.tx.us/coa/Index.html> for a listing of the tax ID.

14. Texas SOS/CPA Filing Number

Leave this field blank if the Customer has not filed with SOS/CPA as a Corporation, Limited Partnership or non-profit organization. If the Customer has filed with SOS/CPA, enter the Filing/Charter Number. Search for the SOS Filing number at <http://www.sos.state.tx.us/corp/sosda/index.shtml> or call at 512-463-5555.

Part D: Contact Information (mailing address for correspondence and invoices)

The information provided here should refer to the individual who represents your company for correspondence and invoices. Numbers 15-16 and 18-23 are required for all new submissions.

15. First Name

Enter the first name of the individual serving as the contact for the registration.

16. Last Name

Enter the last name of the individual serving as the contact for the registration.

17. Title

Enter the title of the individual serving as the contact for the registration.

18. Company Name

Enter the name of the company where the individual serving as the contact for the registration works. Usually this is the same as #2.

19. Street Address

Enter the street address where invoices and general correspondence regarding the registration can be sent. Please ensure that the mailing address is deliverable per USPS at https://tools.usps.com/go/ZipLookupAction_input.

20. City

Enter the city that correlates to the street address provided in #20.

21. State

Enter the state that correlates to the street address provided in #20.

22. Zip+4

Enter the zip+4 code that correlates to the street address provided in #20. Please ensure that the zip+4 is correct per USPS at https://tools.usps.com/go/ZipLookupAction_input.

23. Telephone

Enter the telephone number to contact the individual serving as the contact for the registration.

24. Fax

Enter the fax number to contact the individual serving as the contact for the registration.

25. Email

Enter the email address to contact the individual serving as the contact for the registration.

Part E: Transportation Unit Information

On the table provided, list all vehicles and trailers that will contain medical waste treatment units. Provide all of the information in each column when submitting a new registration or updating the vehicle list. For renewals, list only changes to the vehicle information. Send additional copies of this page to list more than 12 vehicles.

- In the first column, indicate whether the vehicle listed should be added or removed. When changing license plate or ownership information, write “change” in the first column. For renewals, list only information for any vehicles that have changed.
- In the vehicle type column, indicate the type of vehicle, such as “tractor”, “trailer”, or “box van”.
- In the vehicle year column, indicate the year of manufacture for the vehicle.
- In the vehicle make column, indicate the make (manufacturer) of the vehicle.
- In the vehicle model column, indicate the model type designated by the manufacturer of the vehicle.
- In the Motor Vehicle Identification Number (VIN) column, list the entire 17 character VIN. Do not just list the last 4 digits of the VIN.
- In the license plate number column, list the entire license plate number with no dashes or spaces.
- In the license plate state issued column, indicate the state that issued the license plate.
- In the license plate year issued column, indicate the year the license plate was issued.

- In the name of owner column, provide the name of the owner of the vehicle if the owner is a different entity than the customer registering. If the owner of the vehicle is the same as the customer registering, leave the name of owner blank.

Part F: Worksheet for Estimating Closure Cost

Complete all blanks on the worksheet under items III and IV to estimate the closure cost. Submit a worksheet for any initial notification. For updates or renewals, submit a worksheet only if one of the items on the worksheet has changed. For questions regarding closure cost estimates, contact MSW Permits at 512-239-2335.

Part G: Certification

A certification page with a signature must be included with all submissions. By signing the form, you certify that the information provided on the form is true and correct to the best of your knowledge, and you and your company will abide by all TCEQ rules.

Name

Enter the name of the individual who signed the forms.

Title

Enter the title of the individual who signed the forms.

Telephone

Enter the telephone number to contact the individual who signed the forms.

Company

Enter the company name where the individual who signed the forms works.

Fax

Enter the fax number to contact the individual who signed the forms.

Email

Enter the email address to contact the individual who signed the forms.

Signature

We do not accept documents that have digital or stamped signatures. Forms for new notifications require an original signature, not a duplicate. Forms for updates may be duplicates of original forms.

Mail completed form to:

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

Fax **updates and renewals only** to (512) 239-6410. Initial registrations submitted by fax will be returned to the sender.

For any questions about filling out this form not covered above, or for information about the Medical Waste Transportation Program, please contact us at (512) 239-6413 or wasteval@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, contact the TCEQ Public Information Section at (512) 239-3282.