For TCEQ use only: PST/_____ /RE/_____ /AST

Aboveground Storage Tank Registration

Per 30 TAC 334.130(b)(2), facilities must keep a copy of any registration form submission for the operational life of the AST.

Submit at tceq.texas.gov/goto/steers for faster processing

Bold items required for all submissions. Print clearly or type.

Facility ID#:_____

Owner ID#: _____ Regulated Entity Number: RN 1_____

Submission Reason (Check all that apply. Sections 1 6 and 8 10 required for all submissions.) Send TCEQ-00495 (tceq.texas.gov/goto/00495) before new facility and new tank submissions.

☐ New Facility (all) ☐ Ownership change ☐ New Tank(s) (Sect. 9-13) ☐ Skid Tank(s) (Sect. 9-13)

Update: ☐ Facility (Sect. 1-2) ☐ Owner (Sect. 3-4) ☐ Operator (Sect. 5-6) ☐ Tanks (Sect. 9-13)

Section 1: Facility Information (Required for all submissions. Refers to the location of the tanks.)

1. **Facility/Store Name:** _____
2. **Street Address:** _____

or (provide Site Location Description in #3 only if the site does not have a street address)

3. **Site Location Description:**

4. **City:** _____ **, TX**
5. **Zip+4:** _____ - _____ 6. **County:** _____
7. **Latitude:** _____ degrees (to 6 decimal places. Do not provide minutes and seconds.)
8. **Longitude:** _____ degrees (to 6 decimal places. Do not provide minutes and seconds.)
9. **# of Tanks at Facility:** _____ UST _____ AST
10. **Facility Type:**

☐ Retail
☐ Fleet Refueling
☐ Wholesale
☐ Aircraft Refueling
☐ Watercraft Refueling
☐ Emergency Generator
☐ Farm/Residential
☐ Industrial/Manufacturing/ Chemical Plant
☐ Tribal Territory
☐ Other: _____

11. Records required by 30 TAC 334.130(b) are kept ☐ on-site. ☐ off-site.
12. NAICS Code: _____ 13. SIC Code: _____

Section 2: Facility On site Contact Information (Required for all submissions.)

14. **First name:** _____ 15. **Last name:** _____
16. **Telephone:** _____
17. **Email:** _____

For TCEQ use only: PST/_____/RE/_____ /AST

Section 3: Tank Owner Information (Required for all submissions. Refers to the legal owner of the tanks as defined under 30 TAC 334.2. For ownership changes, you must fill out #19 21 and 24.)

18. Customer number: CN 6 _____ 19. Effective Date: _____

20. **Owner Name:** _____

(If you check Corporation, General Partnership, or Limited Partnership in #21, list the legal business name as filed with the Secretary of State's office or Comptroller of Public Accounts.)

21. **Type of Owner:**

☐ Corporation	☐ County Government	☐ Federal Government
☐ Individual	☐ State Government	☐ Limited Partnership
☐ City Government	☐ Other Government	☐ Sole Proprietorship
	☐ Other: _____	☐ General Partnership

Owner Tax Information (for individual ownership type, go to Section 4)

22. Federal Tax ID: _____ 23. TX State Franchise Tax ID: _____

24. **Texas Secretary of State Filing Number:** _____

25. Independently Owned & Operated: ☐ Yes ☐ No 26. DUNS #: _____

27. # of Employees: ☐ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 & higher

Section 4: Owner s Representative Contact Information (Required for all submissions.)

28. **First name:** _____ 29. **Last name:** _____

30. **Owner Mailing Address:** _____

31. **City:** _____ 32. **State:** TX

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

35. **Email:** _____

Section 5: Tank Operator Information (Required for all submissions. Refers to person or corporation in day to day control of, and having responsibility for, the daily operation of the AST system. Do not list individuals or employees of the operator in this section unless they are the legal operator.)

36. ☐ Same as Tank Owner in Section 3 and Owner's Representative Contact Information in Section 4 (go to Section 7)

37. Customer number: CN 6 _____ 38. Effective Date: _____

39. **Operator Name:** _____

(If you check Corporation, General Partnership, or Limited Partnership in #40, list the legal business name as filed with the Secretary of State's office or Comptroller of Public Accounts.)

40. **Type of Operator:**

☐ Corporation	☐ County Government	☐ Federal Government
☐ Individual	☐ State Government	☐ Limited Partnership
☐ City Government	☐ Other Government	☐ Sole Proprietorship
	☐ Other: _____	☐ General Partnership

For TCEQ use only: PST/_____/RE/_____ /UST

Section 5, cont.: Tank Operator Tax Information (for individual operator type, go to Section 6)

41. Federal Tax ID:_____

42. TX State Franchise Tax ID:_____

43. **Texas Secretary of State Filing Number:**_____

Section 6: Operator s Representative Contact Information (Required for all submissions.)

44. **First name:**_____ 45. **Last name:**_____

46. **Operator Mailing Address:**_____

47. **City:**_____ **State:** TX

48. **Zip+4:**_____ - _____ 49. **Telephone:**_____

50. **Email:**_____

Section 7: TCEQ Programs in Which This Site/Regulated Entity Participates (Required for all submissions.)

Check the box next to all programs that your facility participates in. Indicate the registration or permit number next to the program name. Programs tied to the regulated entity may use the information from Sections 1-6 to update other registrations or permits. If the regulated entity participates in a program not listed below, check "Other" and indicate the program and registration or permit number.

☐ Stormwater:_____	☐ PWS:_____
☐ Industrial and Hazardous Waste:_____	☐ Used Oil:_____
☐ Tires:_____	☐ Edwards Aquifer:_____
Air: ☐ Emissions Inventory:_____ ☐ New Source Review:_____ ☐ Title V:_____	
☐ Municipal Solid Waste:_____	☐ OSSF:_____
☐ Wastewater:_____	☐ Districts:_____
☐ Voluntary Cleanup:_____	☐ Other:_____
☐ Dam Safety:_____	☐ Water Rights:_____
☐ Sludge:_____	☐ Wastewater Agriculture:_____

Submissions sent via email, postal mail, or overnight service will take approximately 8-20 business days to process. To verify if the PST Registration Team has received this form, visit www.tceq.texas.gov/goto/docsearch or scan the QR code to the right.

For any questions about filling out this form not covered in the instructions or for information about the Petroleum Storage Tank Registration Program, contact us at (512) 239-2160 or pstreg@tceq.texas.gov. **Do not submit this form to pstreg@tceq.texas.gov** since doing so will cause delays in processing.

For TCEQ use only: PST/_____/RE/_____ /AST

Section 8: Certification (Required for all submissions.)

Note: You must sign this form in ink or use a verifiable electronic signature with a date and time stamp. TCEQ requires payment of all delinquent fees and penalties to process this form for self-certifications. Visit tceq.texas.gov/agency/financial/fees/delin for more information.

I certify under the penalty of law that:

- I have personally examined and am familiar with the information in all sections of this form.
- Based on my current knowledge and understanding, the submitted information is true, accurate, and complete. I understand that I will need to resubmit another form if this form has incomplete or inaccurate information per 30 TAC 334.127(g). The agency will not issue a registration certificate based upon an incomplete submittal per 334.127(a)(4).
- The owner indicated on this form has paid all outstanding fees owed to TCEQ. For ownership changes, the prior owner has also paid all outstanding fees.
- I have signature authority to submit this form on behalf of the entity in Section 2 or Section 4. Only an owner, operator, or legally authorized representative of the owner/operator for this facility may sign this form. I have indicated my role as owner, operator, or legally authorized representative of the owner/operator in the Role field below. I understand that per 30 TAC 334.127(a)(2), the owner and operator remain responsible for information provided on this form.
- I understand that any person who intentionally or knowingly submits false information on this form is subject to criminal prosecution and revocation of the facility's registration certificate.

Name: _____

Role: ☐ Owner ☐ Operator Legally authorized representative of ☐ the owner ☐ operator

Title: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____ **Date:** _____

Submit at tceq.texas.gov/goto/steers for faster processing within approximately 3-5 business days.

Submitting in STEERS minimizes errors and will allow you to get an updated registration certificate sooner. If you cannot submit using STEERS, you can submit this form using **one** of the following methods.

Email completed form to:
pstsubmit@tceq.texas.gov with your facility ID, facility name, and submission reason in the subject line.

Mail completed form to:
Texas Commission on Environmental Quality
PST Registration Team MC-138
PO Box 13087
Austin, TX 78711-3087

Please use the following address for any submissions sent via overnight services:
Texas Commission on Environmental Quality
PST Registration Team MC-138
12100 Park 35 Circle Bldg A
Austin, TX 78753

For TCEQ use only: PST/ _____/RE/_____ /AST

Note: Submit Sections 9 & 10 for ownership changes. Submit Sections 9-13 only for new facility, new tank, or tank update submissions.

Section 9: Tank Details (Required for new facility, new tank, tank update, or ownership change.)

Tank IDs: [For example: 1, 2, 3 or A, B, C.]				
Check here if tank has multiple compartments	☐	☐	☐	☐
Status: Currently in use	☐	☐	☐	☐
Out of use as of date (mm/dd/yyyy)				
Tank Installation Date (mm/dd/yyyy)				
Tank Capacity in gallons (must be >1100)				
Check here for a mobile (skid) tank	☐	☐	☐	☐

Section 10: Current/Last Substance Stored (Required for new facility, new tank, or tank update, or ownership change. Select all that apply.)

Alcohol Blended Fuel	☐	☐	☐	☐
Aviation Gasoline	☐	☐	☐	☐
Regular Diesel	☐	☐	☐	☐
Distillate Fuel Oil	☐	☐	☐	☐
Gasoline	☐	☐	☐	☐
Kerosene	☐	☐	☐	☐
Red Dye Diesel	☐	☐	☐	☐

Section 11: Tank Materials (Required for new facility, new tank, or tank update. Mark one in the 5 following rows)

Aluminum	☐	☐	☐	☐
Concrete	☐	☐	☐	☐
Corrugated Metal	☐	☐	☐	☐
Fiberglass	☐	☐	☐	☐
Steel	☐	☐	☐	☐

Section 12: Containment (Required for new facility, new tank, or tank update. Mark all that apply in the 4 following rows.)

Concrete	☐	☐	☐	☐
Containment Liner	☐	☐	☐	☐
Double Wall	☐	☐	☐	☐
Earthen Dike	☐	☐	☐	☐
None	☐	☐	☐	☐

Section 13: Stage I Vapor Recovery (Required for new facility, new tank, or tank update. See 30 TAC 115. Mark only one in the 3 following rows.)

Coaxial system	☐	☐	☐	☐
Exempt	☐	☐	☐	☐
Two-point system	☐	☐	☐	☐
Stage I vapor recovery (AST to tanker truck) installation date (mm/dd/yyyy)				

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.