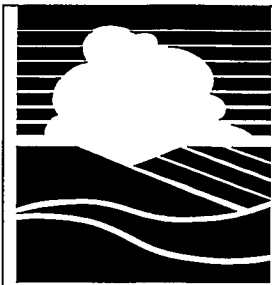


TCEQ Dry Cleaner Remediation Program Update for Change of Property Owner



Please mail/fax/or e-mail completed application to:
 Dry Cleaner Remediation Program (MC-136)
 Texas Commission on Environmental Quality
 P. O. Box 13087
 Austin, Texas 78711-3087
 (512) 239-0115
 (512)239-2303 fax
 Email address: Sekelly@tceq.state.tx.us

Attn: Sean M. Kelly, P.G.
 Project Manager

For Agency Use Only:

Date Received:
 Date Administratively Complete:
 DCRP Number:

PLEASE NOTE: The items listed in the checklist below are necessary to process the Change of Property Owner for the Dry Cleaner Remediation Program and Dry Cleaner Registration. Please complete each listed item and attach them to the completed checklist.

Attached	Property Owner Change Checklist
<input type="checkbox"/>	Completed Update for Change of Property Owner Form with all appropriate spaces filled and all required signatures.
<input type="checkbox"/>	Completed Dry Cleaning Property Owner/ Preceding Property Owner Registration Form (TCEQ Project Manager will forward to Registration Team) http://www.tceq.state.tx.us/assets/public/remediation/dry_cleaners/forms/20400propreg.pdf
<input type="checkbox"/>	Consent for Access to Property (TCEQ - 20109 Attachment C) from both the real property owner and the facility owner. http://www.tceq.state.tx.us/assets/public/remediation/dry_cleaners/forms/20109_c.pdf
<input type="checkbox"/>	Proof of ownership (e.g., copies of the deed, property tax receipts).
<input type="checkbox"/>	TCEQ Core Date Form (TCEQ – 10400) http://www.tceq.state.tx.us/assets/public/permitting/centralregistry/10400.pdf <i>Instructions at http://www.tceq.state.tx.us/permitting/central_registry/guidance.html</i>

TCEQ Dry Cleaner Remediation Program Update for Change of Property Owner

Section 1. Applicant Type (Check all that apply and enter the CN if already assigned.)

- Facility Owner (Must include Proof of Ownership. Skip to Section 4.) CN: _____
- Former Facility Owner (Must include Proof of Ownership. Skip to Section 4.) CN: _____
- Real Property Owner (Must include Proof of Ownership.) CN: _____
- Preceding Real Property Owner responsible for cleanup [Must include documentation of the agreement with the current landowner in accordance with the Texas Health & Safety Code, Chapter 374.154(b)(3)]. CN: _____

Section 2. Current Real Property Owner Information (required for all applications)

Business Name (if applicable): _____

Contact Person: Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone No.: _____ / _____ - _____ Fax No.: _____ / _____ - _____

E-mail Address: _____

Type of Owner:

Individual Sole Proprietorship DBA Corporation Partnership Other _____

Location of Records:

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Records Custodian/Contact Person: _____

Phone No.: _____ / _____ - _____ Fax No.: _____ / _____ - _____

State Franchise Tax ID: _____ Federal Tax ID: _____

Data Universal Numbering System (DUNS) No.: _____

Independently Owned & Operated: Yes No

Number of Employees: 0-20 21-100 101-250 251-500 501 & Higher

Section 3. Facility Information (Fill out as shown on certificate, if applicable.)

RN: _____ TCEQ Registration Account #: _____

Is the site currently an operating dry cleaning facility or dry cleaning drop station? Yes No

If applicable, does the operating dry cleaning facility use Perchloroethylene (PCE, PERC)? Yes No N/A

Type of Certificate: **Note: Please include a copy of Certificate with this Application**

- | | |
|-----------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Drop Station | <input type="checkbox"/> Participating Non-Perchloroethylene Dry Cleaning Facility |
| <input type="checkbox"/> Registered Dry Cleaning Facility | <input type="checkbox"/> Property Owner |
| <input type="checkbox"/> None | <input type="checkbox"/> Preceding Property Owner |

Name of Facility: _____

Street Address: _____

City: _____ Texas Zip Code: _____ - _____ County: _____

Facility Owner Name: _____

Mailing Address: _____

City: _____ State _____ Zip Code: _____ - _____ Country: _____

Contact Person: Last Name: _____ First Name: _____

Phone No.: _____ / _____ - _____ Fax No.: _____ / _____ - _____

E-mail Address: _____

Please provide the following information (if known):

Latitude: Degrees _____ Minutes _____ Seconds _____ Longitude: Degrees _____ Minutes _____ Seconds _____

Primary SIC Code: _____ Secondary SIC Code: _____ Primary NAICS Code: _____ Secondary NAICS Code: _____

Standard Industrial Classification (SIC): _____ North American Industrial Classification System (NAICS): _____

Section 4. Certification

15a. Facility Owner or Operator / Former Facility Owner or Operator (Sign if applicant or co-applicant.)

I certify under penalty of law that I am over the age of eighteen (18) years and am competent and able to certify to these facts. I am fully aware, cognizant, and have personal knowledge of all the facts set forth in this document and all attached documents, and am able to certify, and I do certify, that all the facts and statements in this document and all attached documents are true, accurate, complete, and correct to the best of my knowledge.

I understand that the DCRP Application for Ranking will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the Delinquent Fee and Penalty Protocol.

I understand that, in order to be eligible to claim benefits from the Dry Cleaner Remediation Fund, a property owner or previous property owner is required to register and pay an annual registration fee of \$1,500 per year. The deadline for property owner and previous property owner registration is December 31, 2007. Late registrations are allowed, however late registrants will be assessed a \$100 per month late fee in addition to registration fees. DCRP Applications for Ranking without registrations will not be accepted.

I understand that non payment of registration fees by Property Owners and Previous Property Owners may result in liens against the property for past due registration fees and clean up costs that occurred while fees were in arrears.

I understand that perchloroethylene may not be used at a site subject to corrective action under the Dry Cleaning Facility Release Fund. I also understand that, following the commencement of corrective action under the Dry Cleaning Facility Release Fund, a written notice will be filed in the real property records of the county or counties where the site is located to notify future property owners that perchloroethylene may not be used at the site.

Signature of Facility Owner or Operator: _____ Date: ____/____/____

Print Name of Owner or Operator: _____ Title: _____

15b. Real Property Owner / Preceding Property Owner (Sign if applicant or co-applicant.)

I certify under penalty of law that I am over the age of eighteen (18) years and am competent and able to certify to these facts. I am fully aware, cognizant, and have personal knowledge of all the facts set forth in this document and all attached documents, and am able to certify, and I do certify, that all the facts and statements in this document and all attached documents are true, accurate, complete, and correct to the best of my knowledge.

I understand that the DCRP Application for Ranking will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the Delinquent Fee and Penalty Protocol.

I understand that, in order to be eligible to claim benefits from the Dry Cleaner Remediation Fund, a property owner or previous property owner is required to register and pay an annual registration fee of \$1,500 per year. The deadline for property owner and previous property owner registration is December 31, 2007. Late registrations are allowed, however late registrants will be assessed a \$100 per month late fee in addition to registration fees. DCRP Applications for Ranking without registrations will not be accepted.

I understand that non payment of registration fees by Property Owners and Preceding Property Owners may result in liens against the property for past due registration fees and clean up costs that occurred while fees were in arrears.

I understand that perchloroethylene may not be used at a site subject to corrective action under the Dry Cleaning Facility Release Fund. I also understand that, following the commencement of corrective action under the Dry Cleaning Facility Release Fund, a written notice will be filed in the real property records of the county or counties where the site is located to notify future property owners that perchloroethylene may not be used at the site.

Signature of Real Property Owner: _____ Date: ____/____/____

Print Name of Owner: _____ Title: _____

TCEQ - DRY CLEANING PROPERTY OWNER/PRECEDING PROPERTY OWNER REGISTRATION FORM

	For Use in Texas	Texas Commission on Environmental Quality	Mail completed form to: Texas Commission on Environmental Quality Dry Cleaning Registration Team (MC-138) P. O. Box 13087 Austin, Texas 78711-3087 (512) 239-2160 and fax # (512) 239-3398	TCEQ Account No. : _____ <hr/> Federal Tax ID No. : _____ <hr/> Taxpayer ID No.: _____
-----------------------------------------------------------------------------------	---------------------------------	------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

Texas Health and Safety Code Section 374.1022 requires property owners and preceding property owners to register with the TCEQ in order to participate in Dry Cleaning Facility Release Fund benefits.

Section 1. Reason For Filing the Form (Check all that apply).

Initial Registration
 Ownership Change (indicate effective date) ____/____/____
 Amendment of:
 Owner Information
 Dry Cleaner Site Information
 Other _____

Section 2. Property Owner/Preceding Property Owner Information **Customer No.:** CN _____

Owner Name: Business Name or Last Name: _____ First Name _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Billing Address (if different): _____ City: _____ State: _____ Zip Code: _____

Country (Outside USA) : _____ Email Address : _____

Owner's Authorized Representative: _____ Title: _____ Phone No: ____/____/____
Type of Owner:
 Individual
 Sole Proprietorship DBA
 Corporation
 Partnership
 Other _____

Location of Records: At site Offsite at: Address: _____ City: _____ State: _____

Records Custodian/Contact Person: _____ Phone No.: ____/____-____ Fax No: ____/____-____

State Franchise Tax ID: _____ DUNS No. : _____ SOS Filing No: _____
 Independently Owned & Operated : Yes No # of Employees : 0-20 21-100 101-250 251-500 501 & Higher

Property Owner Status:
 Current Property Owner
 Preceding Property Owner

If registrant is a preceding property owner, does the registrant have an agreement with the current owner requiring the registrant to be responsible for any costs associated with cleaning up contamination covered under Chapter 374 of the Texas Health and Safety Code (Relating to Dry Cleaner Environmental Response) Yes No

Section 3. Dry Cleaning and Drop Station Site Information **Regulated Entity No.:** RN _____

Dry Cleaner Name: _____ Street Address: _____
 City: _____ TEXAS Zip Code: _____ County: _____

Primary SIC Code: _____ Secondary SIC: _____ Primary NAICS Code: _____ Secondary NAICS: _____
 Latitude: Degrees _____ Minutes _____ Seconds _____ Longitude: Degrees _____ Minutes _____ Seconds _____

Is the dry cleaning facility or drop station currently in operation? Yes No

Section 4. TCEQ Programs in which this Regulated Entity Participates

Dry Cleaning
 New Source Review - Air
 Industrial & Hazardous Waste
 Petroleum Storage Tank
 Title V - Air
 Wastewater Permit
 Water Rights
 Animal Feeding Operation
 Water Districts
 Municipal Solid Waste
 Water Utilities
 Licensing - Type (S)
 Unknown
 Other _____

Section 5. Certification

The signature below indicates that I have personal knowledge of all the facts set forth in this document and am able to certify, and I do certify, that all the facts and statements in this document and all attached documents are true, accurate, and complete.

Print Name of Owner or Legal Representative _____ Title _____

Signature of Owner or Legal Representative _____ Date ____/____/____

Please complete a separate form for each dry cleaning facility or drop station site.

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 512/239-2160



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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 the TCEQ at 512/239-3282.

CONSENT FOR ACCESS TO PROPERTY

Please Print

This consent for access is given by the following Owner (check appropriate box):

- Property Owner
Property Owner/Dry Cleaning Facility Owner
Dry Cleaning Facility Owner

(Name of Dry Cleaning Facility presently on Property. If none, Name of Dry Cleaning Facility that was last at this Property)

(Name of Owner) (Telephone Number of Owner)

(Street Number and Street Name of Property)

(If Property Owner Include Description of Property and Attach Plat Map of Property)

ANDERSON, Texas
(City or Town in Which Property Is Located) (County in Which Property Is Located) (ZIP Code of Property)

I, as the Owner or authorized representative of the Owner, voluntarily consent to agents, contractors, subcontractors, officers, designees, and employees of the Texas Commission on Environmental Quality (TCEQ) entering and having continued access to the above-referenced property for the following purposes:

- (1) taking such soil, water, and air samples as may be necessary;
(2) taking other actions related to the investigation of surface or subsurface conditions; and
(3) taking response actions necessary to mitigate any threat to human health or the environment.

I recognize that this access is necessary for the TCEQ to address the above-referenced property under Chapter 374 of the Texas Health and Safety Code.

(Signature of Owner or Authorized Representative) (Date)

(Printed Name of Authorized Representative, if applicable) (Title)

ACKNOWLEDGMENT

STATE OF TEXAS
COUNTY OF

BEFORE ME, a Notary Public, on this day personally appeared, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this day of

Notary Public's Signature

Notary Public's Typed or Printed Name

My Commission Expires



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission <i>(If other is checked please describe in space provided)</i>			
<input type="checkbox"/> New Permit, Registration or Authorization <i>(Core Data Form should be submitted with the program application)</i>			
<input type="checkbox"/> Renewal <i>(Core Data Form should be submitted with the renewal form)</i>		<input type="checkbox"/> Other	
2. Attachments Describe Any Attachments: <i>(ex. Title V Application, Waste Transporter Application, etc.)</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Customer Reference Number <i>(if issued)</i>		4. Regulated Entity Reference Number <i>(if issued)</i>	
CN		RN	

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only one of the following:			
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party	
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)		<input type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Other Government		<input type="checkbox"/> No Change**	
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.			
7. General Customer Information			
8. Type of Customer:		<input type="checkbox"/> Corporation	
<input type="checkbox"/> City Government		<input type="checkbox"/> Individual	
<input type="checkbox"/> County Government		<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government	
<input type="checkbox"/> Other Government		<input type="checkbox"/> General Partnership	
<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Other:	
9. Customer Legal Name <i>(If an individual, print last name first: ex: Doe, John)</i>			<i>If new Customer, enter previous Customer below</i>
			<i>End Date:</i>
10. Mailing Address:			
City		State	
ZIP		ZIP + 4	
11. Country Mailing Information <i>(if outside USA)</i>		12. E-Mail Address <i>(if applicable)</i>	
13. Telephone Number		14. Extension or Code	
() -		() -	
15. Fax Number <i>(if applicable)</i>			
() -			
16. Federal Tax ID <i>(9 digits)</i>		17. TX State Franchise Tax ID <i>(11 digits)</i>	
18. DUNS Number <i>(if applicable)</i>		19. TX SOS Filing Number <i>(if applicable)</i>	
20. Number of Employees		21. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III: Regulated Entity Information

22. General Regulated Entity Information <i>(If "New Regulated Entity" is selected below this form should be accompanied by a permit application)</i>			
<input type="checkbox"/> New Regulated Entity		<input type="checkbox"/> Update to Regulated Entity Name	
<input type="checkbox"/> Update to Regulated Entity Information		<input type="checkbox"/> No Change** <i>(See below)</i>	
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.			
23. Regulated Entity Name <i>(name of the site where the regulated action is taking place)</i>			

24. Street Address of the Regulated Entity: <i>(No P.O. Boxes)</i>							
	City		State		ZIP		ZIP + 4
25. Mailing Address:							
	City		State		ZIP		ZIP + 4
26. E-Mail Address:							
27. Telephone Number	28. Extension or Code			29. Fax Number <i>(if applicable)</i>			
() -				() -			
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)	32. Primary NAICS Code (5 or 6 digits)		33. Secondary NAICS Code (5 or 6 digits)			
34. What is the Primary Business of this entity? <i>(Please do not repeat the SIC or NAICS description.)</i>							

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:							
36. Nearest City	County		State		Nearest ZIP Code		
37. Latitude (N) In Decimal:			38. Longitude (W) In Decimal:				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If your Program is not listed, check other, and write it in. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
<input type="checkbox"/> New Source Review – Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

SECTION IV: Preparer Information

40. Name:				41. Title:			
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address				
() -		() -					

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:				Job Title:			
Name <i>(In Print)</i> :					Phone:	() -	
Signature:					Date:		

Completing the TCEQ Core Data Form

What is the Core Data Form?

The Core Data Form (CDF) collects core data about the people, businesses, and institutions that TCEQ regulates.

"Core Data" refers to names, addresses, phone numbers, business types and other information that is shared across the agency.

When to complete this form?

Only under the following circumstances should a Core Data Form be submitted:

- Your Core information is not yet in the Central Registry database or is incomplete
- Your information has changed from what is currently in the Central Registry database
- It is requested by the agency

You can check the status of your data in Central Registry on-line at <http://www4.tceq.state.tx.us/crpub/>.

Note: If you are processing a new permit, change of ownership or termination additional forms besides the Core Data Form may be required. Please contact Central Registry for assistance at (512) 239-5175.

Where do I send this form?

- To the address on the other TCEQ forms the Core Data Form is accompanying
- To the location requested by TCEQ staff
- For an update to Core Data submit the Core Data Form to the address below:

TCEQ
Central Registry Program MC 144
PO Box 13087
Austin, TX 78711-3087

What is a Customer?

What is a Regulated Entity?

Customer - An Individual or Organization responsible for one or more Regulated Entities. Examples include owners and operators of a site or an individual who holds a license.

Regulated Entity - This is the activity, site or thing that TCEQ regulates. The Regulated Entity is located at the actual physical address of where the regulated activity is occurring. Examples are a site, facility or license.

Example

The following Customers own or are responsible for the corresponding Regulated Entities.

Customer	Regulated Entity
Worlds Inc	Roads Landfill
Duke Energy Field Services LP	Englewood Compression Station
Exxon Mobil Corporation	Tiger Mart 791

What are CN and RN Numbers?

CN and RN numbers are used to identify Customers and Regulated Entities in Central Registry. These numbers do not replace other numbers (ex. Permit, Registration, Account, etc.) They can be used to easily access your information in the Central Registry database. Located at <http://www4.tceq.state.tx.us/crpub/>

Each Customer is issued a unique 11 digit identification number called a **Customer Reference Number (CN)**. These identifiers will be referred to as "CN numbers" because they start with "CN" and end with a 9 digit number (ex. CN123456789). Each Customer should have only one CN number.

Each Regulated Entity is also issued a unique 11 digit identification number called a **Regulated Entity Reference Number (RN)**. These identifiers will be referred to as "RN numbers" because they begin with "RN" and end with a 9 digit number (ex. RN123456789). Each Regulated Entity should have only one RN number.

Do I receive a new CN or RN Number each time I submit a form?

No. A new CN or RN number is assigned only if the following conditions are met.

- The Customer has not yet been issued a CN Number in Central Registry

A Customer may be involved with many sites and/or licenses but should only be issued a single CN Number in Central Registry.

- The Regulated Entity does not already have a Regulated Entity Number (RN) in Central Registry

A Regulated Entity is located at the actual physical address where the regulated activity is occurring with the exception of portable Regulated Entities and licenses. There should be only one RN number issued for each location. Once a site has an RN number, that number will stay with the site regardless of how many times it changes Customers (owners / operators).

Examples

1. Getting New CN & RN Numbers

Worlds Inc owns and operates Roads Landfill. Neither have CN or RN numbers in the Central Registry Database (search Central Registry first to confirm these numbers do not already exist).

Worlds Inc = **Customer** (owner & operator)
WITHOUT A CN NUMBER
Roads Landfill = **Regulated Entity**
WITHOUT AN RN NUMBER

Process to get new RN and CN Numbers

- Use only one Core Data Form
- Enter Worlds Inc's information in Section II
- Enter Roads Landfill's information in Section III
- Enter the preparer's information in Section IV
- Always fill out Sections I, IV and V. (In this example, a CN and RN number have not been issued, so leave the CN and RN fields blank in Section I)
- It may be necessary to submit a program application when getting new CN and RN numbers

2. Updating Customer and/or Regulated Entity Information

Hyper Global Net Incorporated is in Central Registry as the owner/operator of the Regulated Entity – Global Net Services. A few months later Hyper Global Net Incorporated goes through a reorganization which results in changes to the information the company originally submitted to TCEQ on the Core Data Form. The changes include a company name change to Mega Hyper Global Net Inc., a company mailing address change, and a change in the Regulated Entity name to Mega Global Net Services.

Hyper Global Net Incorporated = **Customer**
WITH A CN NUMBER
Global Net Services = **Regulated Entity**
WITH AN RN NUMBER

Process for updating CN/RN information

- Fill out a single Core Data Form. Put the Customer's and Regulated Entity's CN and RN numbers in for fields 3 and 4.
- Mark "Update to Customer Information" for field 7 and fill in only the fields that are being updated for Section II. In this example it would be the Customer's new name and new mailing address.
- Mark "Update to Regulated Entity information" on field 22 and fill out only the fields that are being updated in Section III. In this example it would be the Regulated Entity's new name.
- Make sure to always fill out Section IV and V.

3. Change in ownership of a Regulated Entity

(Contact the Program Areas before attempting to use this form to process a change of ownership, other forms may be required)

James Enterprises Co. owns and operates Maverick Electroplating. Each of these is in Central Registry and has a CN and RN number.

James Enterprises Co = Customer with a CN
Maverick Electroplating = Regulated Entity with RN

A few months later Silicon Electroplating Inc buys Maverick Electroplating and becomes its sole owner and operator. James Enterprises Co is no longer associated with the site. Silicon Electroplating Inc is NOT in the Central Registry Database yet.

Silicon Electroplating Inc = **Customer**
WITHOUT A CN NUMBER
Maverick Electroplating = **Regulated Entity**
WITH AN RN NUMBER

Process for Change in Ownership

- Fill out a single Core Data Form for Silicon Electroplating Inc (*new Customer*) and Maverick Electroplating (*Regulated Entity*). In Section I, leave the **CN blank** because it has not been issued yet and use Maverick Electroplating's RN Number. In Section II check "New Customer" and "Change in Regulated Entity Ownership" for field 7. Enter Silicon Electroplating Inc as the Customer Legal Name in field 9. Enter James Enterprises Co as the previous name and put the date they stopped being associated with the site.
- After the first Core Data Form has been submitted the prior owner (*James Enterprises Co*) should submit a letter to all interested program areas at TCEQ stating that they are no longer the Customer for the Regulated Entity that they sold. (Maverick Electroplating)

Note: If the change of ownership is for specific permits at a site and not the whole site, fill in the permit/registration numbers that are changing hands in the TCEQ Programs and ID Numbers field 39.

Line-By-Line Instructions

Section I: General Information

1. Reason for Submission

- If the Core Data Form is being submitted in conjunction with a new Permit, Registration or Authorization application check the box indicating this and attach the Core Data Form to the program application.

- If the Core Data Form is being submitted in conjunction with a renewal application check the box indicating this and attach the Core Data Form to the renewal form.
- If the Core Data form is being submitted for another reason than those listed above check the Other box and briefly state why the form is being submitted.

Example: Updating Customer Information
Updating Regulated Entity Information

2. Attachments

- If you are including other forms or information check "Yes" and BRIEFLY describe them.

Example: Sludge Transporter Registration
EPA Notification Form
Notice of Change Letter

- If the Core Data Form is being submitted by itself, check "No"

3. Customer Reference Number (CN)

If you have been issued a CN Number, enter it here. If this is the first time you or your company have completed this form, you will not have this number, so you should leave this space blank.

This number always begins with CN. Regardless of how many Regulated Entities this Customer is affiliated with, you will have only one Customer reference number.

4. Regulated Entity Reference Number (RN)

This unique number identifies the Regulated Entity and always begins with RN.

If the Regulated Entity has an 11-digit RN, list it here. (ex. RN123456789) If no regulated activity has occurred at this site before you will not have this number yet, so you should leave this space blank.

Section II: Customer Information

5. Effective Date for Customer Information Changes

This is the date the changes submitted on this form took effect or the date that the new Customer took over ownership of the facility. There is no effective date for initial applications.

6. Customer Role

Check **ONE** box that best indicates the Customer's relationship to the Regulated Entity. If none of the boxes fit your situation, check "Other" and write in the relationship.

7. General Customer Information

Check **ALL** boxes that apply.

• New Customer

The Customer does not have a CN Number. *In this case complete all items in Section II.*

• Update to Customer Information

The Customer has a CN but some of the information in Section II (*Customer Information – ex. Mailing Address, Telephone Number, etc.*) has changed and needs to be updated. *In this case only, fill in the items that have changed.*

• Change in Regulated Entity Ownership

The Customer (permittee) for this Regulated Entity (listed in field 4) has changed (ex. Facility has been sold or is now under operational control of another entity). *In this case complete all items in Section II and fill in the previous owner's name and end date next to field 9.*

Note: See the instructions for Field 39 for partial changes of ownership. Also, not all permits/authorizations are transferable to a new owner. Check with the program area(s) before attempting a change of ownership with this form.

• Change in Legal Name

It may be necessary to verify with the Secretary of State that a change in name alone has occurred before a change to a Customer name can be processed.

Call TX SOS at 512-463-5555 for more information related to your company.

If the Customer is changing *Tax IDs or Secretary of State Filing number*, a new CN may be needed. Please contact a Central Registry representative if you are uncertain at [512-239-5175](tel:512-239-5175)

• No Change

No Customer information is changing (including the Customer's relationship with the Regulated Entity). *In this case skip to Section III.*

(TCEQ withholds the right to request that all information on the CDF be filled out)

8. Type of Customer

Check only **ONE** box

• Individual

An individual is a person who is regulated by TCEQ but has not established a business.

- **Sole Proprietorship – D.B.A.**
The Customer in this case is a business that is owned by only one person and has not been incorporated. This business may:
 - Be under the person's name
 - Have its own name ("doing business as, or DBA)
 - Have any number of employees
 - Customers must register assumed names with the county
 - On the form please provide the first name, last name and dba name in this format.
(ex. 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. Please submit a tax ID if you have a sales tax permit.

- **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

- **Government – Federal, State, County or City**
The Customer is either an agency of one of these levels of government or the governmental body itself (ex. 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.
(ex. Lower Colorado River Authority).
- **Other**
Fits none of the above descriptions. Some examples may be a joint venture, trust or an estate. Enter a short description of the type of Customer in the blank provided.

9. Customer Name

Enter the complete legal name of the Customer. Please verify that you are using the correct legal name for your company by searching for it using the Secretary of State and 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
<http://ecpa.cpa.state.tx.us/vendor/tpsearch1.html>

Previous Name and End Date

If the Customer name has changed due to a change in legal name please enter the prior name of the Customer and the date the name was changed in the Secretary of State. If the Customer name is changing because of a change in ownership of the Regulated Entity enter the name of the previous owner and the date the ownership changed hands.

10. Mailing Address

Enter the mailing address to which TCEQ can send general correspondence (ex. The Customer's Headquarters). This address must be recognized for delivery by the United States Parcel Service. You can check the validity of your address at www.usps.com

Do **NOT** put the mailing address for the Customer's contact for individual programs (ex. New Source Review Contact, Petroleum Storage Contact, Stormwater Contact, etc.), unless they are also the overall contact for TCEQ.

If this address is outside the USA: Enter the mailing address and city if applicable. Enter all other mailing information under "Country" (field 11).

11. Country Mailing Information

If the address is in the USA, leave blank. If not, enter the country name, mailing zone, non-ZIP mailing codes and non-USA Postal Service features.

12-15. E-mail, Phone and Fax Information

Enter the communication information that would allow TCEQ to contact the Customer. Leave field 13 blank if your phone system does not use extensions or codes.

16. Federal Tax ID

All businesses, except some small sole proprietors and individuals should have a federal taxpayer identification number (FEIN). Enter this number here; do **NOT** use prefixes, dashes or hyphens. For more information on Federal Tax IDs please visit <http://www.irs.gov/businesses/small/article/0,,id=97872,00.html>

17. TX State Franchise Tax ID Number

If the Customer is a corporation or limited liability company, enter their state franchise tax ID here. Otherwise, leave this field blank. Check the State Comptroller's website at <http://ecpa.cpa.state.tx.us/vendor/tpsearch1.html> for a listing of your tax ID.

18. DUNS Number

If the Customer has a Data Universal Numbering System number issued by Dun and Bradstreet Corp, enter it here (usually larger companies). If not, leave blank.

19. TX SOS Filing Number

If the Customer has filed with the Secretary of State as a Corporation, Limited Partnership or non-profit organization they will have been issued a SOS filing number which may be entered here. If the Customer has not filed with SOS, leave blank. Search for your SOS Filing number at <http://www.sos.state.tx.us/corp/sosda/index.shtml> or call at 512-463-5555.

20. Number of Employees

Enter the number of employees for the Customer's entire company, including subsidiaries, at **ALL** locations, not just the location of the Regulated Entity listed above.

21. Independently Owned and Operated

Check "No" if the Customer is a subsidiary or part of a larger company. Otherwise, check "Yes".

Section III: Regulated Entity Information

22. General Regulated Entity Information

Check only **ONE** box

- New Regulated Entity
The Regulated Entity does NOT yet have an RN Number in Central Registry.
In this case complete all of Section III
- Update to Regulated Entity Name
The name by which your Regulated Entity is known has changed and needs to be updated.
This name will be used by all program areas.

- Update to Regulated Entity Information
The Regulated Entity has an RN but some of the information in Section III (*Regulated Entity Information – ex. Mailing Address, Telephone Number, etc.*) has changed and needs to be updated. In this case only complete those items that have changed.

Note: *If you are changing the street address of your RN you will need to contact a Central Registry representative to determine if you need a new RN number and/or new permits/authorizations. This does not apply to portable Regulated Entities. Central Registry can be contacted at 512-239-5175.*

- No Change

No Regulated Entity information is changing.

Note: *If you have entered the Regulated Entity's RN Number in Section I and there is No Change to the Regulated Entity in Section III, you may skip to Section IV.*

(TCEQ withholds the right to request that all information on the CDF be filled out)

23. Regulated Entity Name

The name by which you want the Regulated Entity to be known or the name that it is known by. It will be used by all TCEQ programs when referring to the Regulated Entity. Make sure this name is consistent on all forms submitted to TCEQ. If the Regulated Entity name is the same as an individual, please print last name first followed by the first name.

24. Street Address

Enter the physical street address of the Regulated Entity. Do not provide a P.O. Box. *If the Regulated Entity has no street address, be sure to complete fields 35 and 36.*

Example Entry: 123 Bloom Street
Hometown, TX 78711

25. Mailing Address

Enter the mailing address to which TCEQ can send general correspondence (ex. Headquarters at the Regulated Entities address). Do NOT put the mailing address for the Regulated Entity's program contacts (ex. *Air Contact, Waste Contact, etc.*), unless they are also the Regulated Entity's overall contact for TCEQ. This address must be recognized for delivery by the United States Parcel Service. You can check the validity of your address at www.usps.com

26-29. E-mail, Phone and Fax information

Enter the communication information that would allow TCEQ to contact the Regulated Entity.

30-33. SIC and NAICS Codes

All Regulated Entities except Occupational Licenses should have Standard Industrial Classification (SIC) and North American Industrial Classification System (NAICS) codes. The codes should indicate the classification of what the site will ultimately be used for.

For a list of SIC codes on the Web go to:
www.osha.gov/oshstats/sicser.html

For a list of NAICS codes on the Web go to:
www.census.gov/epcd/www/naicscod.htm

34. Primary Business of this Entity

In your own words, briefly describe the primary business of this Regulated Entity. (*Gas Compression, Fleet Refueling, Rubber Manufacturing, etc.*)

35. Description to Physical Location

Enter specific direction of how to reach the Regulated Entity if the physical location of the Regulated Entity has no street address.

Sample Entry: "E on County Road 101 from US 83, turn left after 1.3 miles by the big oak tree, go 0.3 mile past the first tank on the left"

36. Nearest City, County, State and Nearest ZIP

If the Regulated Entity is in a city, that city will be the nearest city. If the nearest city is in another state or country, please provide that information in this blank as well

County: County in which the Regulated Entity is located. Enter the county with the majority of the Regulated Entity if it extends into more than one county.

State: This will primarily be Texas.

Nearest ZIP Code: Enter the ZIP code for the area that includes this Regulated Entity. If not available, give the ZIP code that is closest to this Regulated Entity—for example, the ZIP code for the city entered in the Nearest City field.

37-38. Latitude (N) and Longitude (W)

Enter this information if the Regulated Entity has a fixed location and the latitude and longitude are known. For larger sites use the center point of the operation. You may enter this information in either decimal or degree format. This field is required for all Water Quality programs.

39. TCEQ Programs and ID Numbers

Use these fields to indicate the Programs and Permit/Registrations affected by the updates on this form. For example, when using this form to update a Regulated Entity's name make sure to list the Programs and ID numbers linked to the Regulated Entity that you want updated. This will help us make

sure this form gets to the correct Program Areas as well as ensuring that the appropriate permits / registrations are updated. Updates to some program areas, including Water Quality, may only be made if the appropriate ID numbers are filled out in this section. If there are more ID numbers than space will allow, list them on a separate sheet and attach it to the Core Data Form.

Partial Changes of Ownership

If you are submitting this form to process a change of ownership, section 39 can be used to indicate a partial ownership change of the permit/registrations located at a Regulated Entity. For example, Maverick Electroplating (Regulated Entity) is owned by James Enterprises Co (Customer). James Enterprises-Co is regulated by TCEQ for having two petroleum storage tanks at Maverick Electroplating. At some point Maverick Electroplating sells part of its operation to Silicon Electroplating, including one of the PST tanks. When Silicon Electroplating submits a Core Data Form to inform us of the change of ownership they need to indicate the permit number(s) for the petroleum storage tank that they are taking over ownership for in this section. If this is not done, TCEQ will assume that Silicon Electroplating is taking over ownership of both of the petroleum storage tanks at the Regulated Entity.

Section IV: Preparer Information

40-45. Name, Title, Phone Numbers, E-mail

Give all information for the person who actually completed the form. If TCEQ staff has questions they will contact this person.

SECTION V: Authorized Signature

46. Name and Signature

Depending on the updates requested and the Program Areas involved, TCEQ rules and statutes may restrict who can sign this form. Please refer to the reference regulation to determine signature authority. You can find the rule for your permit/reg type at: <http://www.sos.state.tx.us/tac/index.shtml>. For further assistance, please see the program area signature requirements and contact information list on the next page.

If the CDF is being filled out as a result of an investigation, the CDF can be completed by the investigator but should be signed by the responsible party. In cases where there is no responsible party (ex. abandoned sites, spills) or the responsible party cannot be located (ex. off-site) the CDF should not be signed.

For Water Quality authorizations (CAFO, Wastewater, Storm Water, and Sludge permits and registration), by signing the core data form, the person signing is certifying that they are 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.

Program Area Signature Requirements and Contact Information

TCEQ Program Area	Signatory Regulations (who can sign this form)	Program Area Phone Number
Air New Source (AIRNSR)	Applicant	(512) 239-1250
Air Operating Permits (AirOP)	Applicant	(512) 239-1250
Brownfields (BSA)	Applicant	(512) 239-5894
Concentrated Animal Feeding Operations (CAFO)	30 TAC Ch. 305.44(a)	(512) 239-4671
Dam Safety	Applicant	(512) 239-0400
Districts/Utilities	30 TAC Ch. 213.4(d)	(512) 239-4691
Dry Cleaners	Owner or Operator	(512) 239-2160
Edwards Aquifer (Austin)	30 TAC Ch. 213.4(d) / 213.23(d)	(512) 339-2929
Edwards Aquifer (San Antonio)	30 TAC Ch. 213.4(d) / 213.23(d)	(210) 490-3096
Enclosed Container Registration	30 TAC 335.6 (a,b,c)	(512) 239-3696
Industrial Hazardous Waste Permits (IHW)	Applicant / Preparer	(512) 239-2334
Industrial Hazardous Waste Registrations (IHW)	Applicant / Preparer	(512) 239-6413
Industrial Hazardous Waste -- Corrective Action	Applicant	(512) 239-2343
Innocent Operator Program (IOP)	Applicant	(512) 239-5894
Licensing	Applicant	(512) 239-6300
Medical Waste On-Site Treatment Registration	Owner or Authorized Operator	(512) 239-3969
Medical Waste Transporter Registration	Owner or Authorized Operator	(512) 239-3696
Municipal Solid Waste (MSW)	Applicant / Permittee	(512) 239-2334
On-Site Sewage Facilities	Owner	(512) 239-0914
Petroleum Storage Tank (PST)	Owner or Operator	(512) 239-2160
Public Water Supply (PWS)	30 TAC Ch. 305.44(a) / 290.469	(512) 239-4691
Sludge -- Registration & Permits	30 TAC Ch. 305.44(a)	(512) 239-4671
Sludge - Transporters	30 TAC Ch. 312.142	(512) 239-6001
Storm Water	30 TAC Ch. 305.44(a)	(512) 239-4671
Tires	Applicant	(817) 588-5800
Underground Injection Control	Applicant	(512) 239-2334
Used Oil Registration	Applicant	(512) 239-3393
Waste Water	30 TAC Ch. 305.44(a)	(512) 239-4671
Water Rights (WAM)	Applicant	(512) 239-4691
Water Quality (WQ)	30 TAC Ch. 305.44(a)	(512) 239-4671
Voluntary Cleanup Program (VCP)	Applicant	(512) 239-5894

To provide comments and/or suggestions on how to improve Central Registry, please take a quick survey. [Exit](#)