 **TCEQ Core Data Form**

**TCEQ Use Only**

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

**SECTION I: General Information**

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| --- |
| **1. Reason for Submission** (*If other is checked please describe in space provided.)* |
| [ ]  | New Permit, Registration or Authorization (*Core Data Form should be submitted with the program application.)* |
| [ ]  | Renewal *(Core Data Form should be submitted with the renewal form)* | [ ]  Other |  |
| **2. Customer Reference Number *(if issued)*** | [Follow this link to search for CN or RN numbers in Central Registry\*\*](https://www15.tceq.texas.gov/crpub/) | **3. Regulated Entity Reference Number *(if issued)*** |
|  **CN**  |  **RN**  |

**SECTION II: Customer Information**

|  |  |  |
| --- | --- | --- |
| **4. General Customer Information**  | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy) |       |
| **[ ]** New Customer [ ]  Update to Customer Information [ ]  Change in Regulated Entity Ownership[ ] Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)  |
| ***The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).*** |
| **6. Customer Legal Name** *(If an individual, print last name first: eg: Doe, John)* | *If new Customer, enter previous Customer below:*  |
|       |       |
| **7. TX SOS/CPA Filing Number**      | **8. TX State Tax ID (11 digits)**      | **9. Federal Tax ID (9 digits)**      | **10. DUNS Number** *(if applicable)*      |
| **11. Type of Customer:**  | [ ]  Corporation |  [ ]  Individual  | Partnership: [ ]  General [ ]  Limited |
| Government: [ ]  City [ ]  County [ ]  Federal [ ]  State [ ]  Other  |  **[ ]**  Sole Proprietorship | [ ]  Other:       |
| **12. Number of Employees**[ ]  0-20 [ ]  21-100 [ ]  101-250 [ ]  251-500 [ ]  501 and higher | **13. Independently Owned and Operated?****[ ]  Yes [ ]  No** |
| **14. Customer Role** (Proposed or Actual) *– as it relates to the Regulated Entity listed on this form. Please check one of the following* |
| [ ] Owner [ ]  Operator [ ]  Owner & Operator[ ] Occupational Licensee [ ]  Responsible Party [ ]  Voluntary Cleanup Applicant  | [ ] Other:        |
|
| **15. Mailing** **Address:**  |       |
|       |
| **City**  |       | **State**  |    | **ZIP**  |       | **ZIP + 4**  |      |
| **16. Country Mailing Information** *(if outside USA)* | **17. E-Mail Address** *(if applicable)* |
|       |       |
| **18. Telephone Number** | **19. Extension or Code** | **20. Fax Number** *(if applicable)* |
| **(**    **)**   -          |       | **(**     **)**    -       |

**SECTION III: Regulated Entity Information**

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| **21. General Regulated Entity Information** *(If ‘New Regulated Entity” is selected below this form should be accompanied by a permit application)* |
| [ ]  New Regulated Entity [ ]  Update to Regulated Entity Name [ ]  Update to Regulated Entity Information  |
| ***The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).*** |
| **22. Regulated Entity Name** *(Enter name of the site where the regulated action is taking place.)*  |
|       |
| **23. Street Address of the Regulated Entity:** ***(No PO Boxes)*** |       |
|  |       |
|  | **City**  |       | **State**  |    | **ZIP**  |       | **ZIP + 4**  |      |
| **24. County** |       |
| **Enter Physical Location Description if no street address is provided.** |
| **25. Description to** **Physical Location:** |       |
| **26. Nearest City** |  |  **State** | **Nearest ZIP Code** |
|       |    |       |
| **27. Latitude (N) In Decimal:**  |       | **28. Longitude (W) In Decimal:**  |       |
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds |
|       |       |       |       |       |       |
| **29. Primary SIC Code** (4 digits) | **30. Secondary SIC Code** (4 digits) | **31. Primary NAICS Code (**5 or 6 digits) | **32. Secondary NAICS Code**(5 or 6 digits) |
|      |      |       |       |
| **33. What is the Primary Business of this entity?** *(Do not repeat the SIC or NAICS description.)* |
|       |
| **34. Mailing** **Address:**  |  |
|  |  |
|  | **City**  |  | **State**  |  | **ZIP**  |  | **ZIP + 4**  |  |
| **35. E-Mail Address:**  |  |
| **36. Telephone Number** | **37. Extension or Code** | **38. Fax Number *(if applicable)*** |
| **(     )    -**  |  | **(     )    -** |

**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. See the Core Data Form instructions for additional guidance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Dam Safety | [ ]  Districts  | [ ]  Edwards Aquifer  | [ ]  Emissions Inventory Air | [ ]  Industrial Hazardous Waste |
|       |       |       |       |        |
| [ ]  Municipal Solid Waste  | [ ]  New Source Review Air  | [ ]  OSSF  | [ ]  Petroleum Storage Tank  | [ ]  PWS |
|        |        |       |       |       |
| [ ]  Sludge | [ ]  Storm Water | [ ]  Title V Air  | [ ]  Tires | [ ]  Used Oil |
|       |       |        |        |        |
| [ ]  Voluntary Cleanup  | [ ]  Waste Water  | [ ]  Wastewater Agriculture  | [ ]  Water Rights | [ ]  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 6 and/or as required for the updates to the ID numbers identified in field 39.

|  |  |  |  |
| --- | --- | --- | --- |
| **Company:** |       | **Job Title:** |       |
| **Name** *(In Print):* |       | **Phone:** | **(**     **)**    -  |
| **Signature:** |  | **Date:** |  |