


TCEQ - DRY CLEANING DROP STATION REGISTRATION FORM

Please mail completed form to: Dry Cleaning Registration Team (MC-138) Texas Commission on Environmental Quality P. O. Box 13087 Austin, Texas 78711-3087 (512) 239-2160 and fax # (512) 239-3398	Texas Commission on Environmental Quality		For Use In Texas	TCEQ Account No. : _____ Federal Tax ID No. : _____ Taxpayer ID No. : _____
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TCEQ rules (Title 30 TAC § 337) state that annual renewal registration forms are due by August 1st of each year. For each facility, complete a separate Dry Cleaning Facility Registration Form (Form# 20092)

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

Initial Registration
 Renewal Registration
 Ownership Change (indicate effective date) ____/____/____
 No longer a drop station (Indicate effective date of the closing of the drop station) ____/____/____
 Change from facility to drop station (Indicate effective date of change) ____/____/____
 Amendment of:
 Owner Information
 Drop Station Information
 Real Property Owner
 Other _____

Section 2. 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 facility
 Offsite at: Address: _____ City: _____ State: _____

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

State Franchise Tax ID: _____ DUNS No. : _____

Independently Owned & Operated :
 Yes
 No
 # of Employees: 0-20
 21-100
 101-250
 251-500
 501 & Higher

*****This form 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.*****

Have you ever used or allowed the use of the dry cleaning solvent perchloroethylene at a dry cleaning facility or drop station in this state?
 Yes
 No

Has the dry cleaning solvent perchloroethylene ever been used at this location?
 Yes
 No

3. Drop Station Information **Regulated Entity No.:** RN _____

Drop Station Name: _____ Street Address: _____

City: _____ TEXAS Zip Code: _____ County: _____ Contact Person: _____

Title: _____ Phone No.: ____/____-____ Email Address : _____ Fax No.: ____/____-____

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

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

Please indicate your gross receipts (this includes all sources of income from this location, including laundry receipts) for the last consecutive 12 months reported to the Comptroller:
 \$150,000 or less
 more than \$150,000

This number should be the same as the "Total Sales" line on your Sales & Use Tax Return.

GROSS RECEIPTS WILL BE VERIFIED BY THE TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

(If this information is not verified to be accurate, your dry cleaning registration certificate may be withheld)

Date operations began at this location ____/____/____.

Was this location ever a dry cleaning facility prior to the date you began operations?
 Yes or
 No

Please complete a separate form for each dry cleaning drop station.
For each facility, complete a separate Dry Cleaning Facility Registration Form (Form# 20092)

CN # _____

RN # _____

Section 4. Real Property Owner (if different from drop station owner)

Name: _____
 Mailing Address: _____
 City: _____ State _____ Zip _____
 Contact Person: _____ Phone No: ____/____-____

Section 5. 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 6. Related Dry Cleaning Facilities (If there are dry cleaning facilities associated with this drop station, list them below)

Name	Address	RN #
1.		
2.		
3.		

Section 7. Certification

The signature below indicates that I 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.

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

Print Name of Owner/Legal Representative _____ Title _____

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If you have any questions on how to fill out this form or about the Dry Cleaner program, please contact us at 512/239-2160. 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.