UOR C_____ CO

REGISTRATION FOR USED OIL COLLECTION CENTERS

This form must be accompanied by the Core Data Form, TCEQ-10400

*** You must post and maintain durable and legible signs indicating that you are a public or household used oil collection center.***

If you have questions on how to fill out this form or about the Used Oil Recycling Program, please contact us at 512/239-6832, option 2. 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 512/239-3282.

TCEQ Used Oil Collection Center Registration Number : **C**_____	Registration Expiration Date: **December 31,** _____ **(every even year)**
(TCEQ OFFICE USE ONLY) GIN: _____	TCEQ Customer Reference Number (if known): **CN**_____
	TCEQ Regulated Entity Number (if known): **RN**_____

COLLECTION CENTER FACILITY

Company Name:

Name of Collection Center Facility:

On-site (Local) Representative/Title:

CONTACT REPRESENTATIVE

If same as Local Representative, check here and skip this section

Name/Title *(person to be contacted regarding collection center activities at this facility)*:**:**

Company:	**Contact Phone #:**

Contact Mailing Address: _____
Street/P.O. Box

_____
City, State, Zip

TYPE OF FACILITY (Check all that apply)

___X___ **Collection Center for households/do-it-yourselfers** (DIY) Note: All collection centers are DIY's

_____ **Collection Center for Other Generators** (Non-households, such as other businesses, governments, service stations, etc.)

_____ **Distributor of Oil Products (Must provide a copy of permit from the State Comptroller's Office)**

TYPE OF WASTE ACCEPTED (Check all that apply)

___ **Used Oil**

___ **Anti-Freeze**

____ ***Used Oil Filters**
(*must provide UOF storage capacity)

Capacity in gallons of Used Oil Filter Storage: _____
(If you store more than six-55 gallon drums or 1 bulk container of used oil filters, you must register as a Used Oil Filter Storage Facility)

CERTIFICATION STATEMENT

Failure to disclose to the Commission any of the required information may result in loss of state contracts, non-issuance of registration or non-renewal of registration.
I certify that the above information is true and correct to the best of my knowledge, and that I will abide by all State or Federal rules, regulations and laws governing the collection, management and recycling of used automotive wastes.
Are there any outstanding fees or penalties due to the TCEQ from this owner? If yes, provide the amount $_____; nature of the fee or penalty _____; and the identifying account number _____. The registration form will not be processed until all delinquent fees and/or penalties owed to the TCEQ are paid.

Signature: _____ **Date:** _____ **Type or Print Name:** _____.

Texas Commission on Environmental Quality
Used Oil Recycling Program, Registration and Reporting Section
P.O. Box 13087, (MC-129), Austin, Texas 78711-3087
(512) 239 - 6832, option 2
Internet address: http://www.tceq.state.tx.us