

# 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. :

Federal Tax ID No. :

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).

1  Initial Registration 2  Ownership Change (indicate effective date) \_\_\_/\_\_\_/\_\_\_

3  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