


TCEQ - DRY CLEANER REGISTRATION FORM

For Use in Texas		Texas Commission on Environmental Quality	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	TCEQ Account No. : _____ Federal Tax ID No. : _____
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Section 1. Reason For Filing the Form (Check all that apply)

1 Initial Registration 2 Renewal Registration 3 Ownership Change (indicate effective date:) ____/____/____
 4 No longer a drop station (Indicate effective date of change) ____/____/____
 5 Change from drop station to facility (Indicate effective date of change) ____/____/____
 6 Change from facility to drop station (Indicate effective date of change) ____/____/____
 7 Amendment of : Owner Information Facility Information Real Property Owner Solvent Information
 Dry Cleaning Machine Information 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 No. of Employees : 0-20 21-100 101-250 251-500 501 & Higher

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

3. Location Information **Regulated Entity No.:** RN _____

Location Name: _____ Street Address: _____
 City: _____ TEXAS Zip Code: _____ County: _____ Contact Person: _____
 Title: _____ Phone No.: ____/____-____ Email Address : _____ Fax No.: ____/____-____
 This location is a: Dry Cleaning Facility Drop Station Owned by Facility Owner Drop Station Not Owned by Facility Owner
Please complete a separate form for each location.

Latitude : Degrees _____ Minutes _____ Seconds _____ Longitude : Degrees _____ Minutes _____ Seconds _____
 Primary SIC Code : _____ Secondary SIC Code : _____ Primary NAICS Code : _____ Secondary NAICS Code: _____
 Ownership effective date: ____/____/____ Date you began dry cleaning operations at this location ____/____/____

If this location is a facility, please indicate your gross receipts (this includes all sources of income from this location, including laundry receipts) for the last complete calendar or tax year:
 \$100,000 or less more than \$100,000 but less than \$200,000 \$200,000 or more

Was this location ever a dry cleaning facility prior to the date you began operations? Yes or No If yes, please state the dates dry cleaning was conducted at this location _____ to _____. Please state the name and address of the previous owner of this dry cleaning facility, _____. If no, please state what this location was used for prior to the date dry cleaning operations began _____.

CN # _____

RN # _____

Section 4. Real Property Owner (if different from dry cleaning facility or drop station owner)

Name: _____ Contact Person: _____ Phone No: ____/____-____

Mailing Address: _____ City: _____ State _____ Zip _____

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. Description of Dry Cleaning Machines and Facility (Complete for each machine currently at this location.) If more than four machines, please complete a separate form.

Dry cleaning machine identification number (assigned by owner, i.e., 1,2,3..)	Machine No.	Machine No.	Machine No.	Machine No.
a. Dry cleaning machine installation date (Month/Year)	____/____	____/____	____/____	____/____
b. Status of dry cleaning machine (mark all that apply): Currently in use (Indicate Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No Temporarily out of use (Month/Year or "NA") ____/____ Permanently out of use (Month/Year or "NA") ____/____ Are permanently out of use machines empty of all dry cleaning solvents? (Indicate Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____ ____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____ ____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____ ____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____ ____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does dry cleaning machine have secondary containment? (Indicate Yes or No) ____/____ Indicate material of construction for containment: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____

Section 7. Solvent Purchase, Use, Delivery, Storage, and Disposal

a. From whom do you purchase solvent?

1. Name: _____ TCEQ Distributor ID # _____

2. Name: _____ TCEQ Distributor ID # _____

3. Name: _____ TCEQ Distributor ID # _____

b. Check type of solvents currently used: Perc Petroleum Carbon Dioxide Other (Specify) _____

c. Check type of solvents used in the past at this location: Perc Petroleum Other (Specify) _____

d. What is the number of gallons purchased annually? Perc _____ Petroleum _____ Other (Specify) _____

e. Are virgin (new) solvents stored in containers other than in the drycleaning machine? Yes No
 Is there secondary containment around the storage area? Yes No
 Indicate material of construction for the secondary containment: _____

f. Are chlorinated drycleaning solvents delivered to the facility by a closed, direct-coupled delivery system? Yes No

g. If chlorinated drycleaning solvents are used, are wastes (muck, filter, etc.) stored in sealed containers marked "hazardous waste"? Yes No

Section 8. 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 or Legal Representative _____ Date ____/____/____

Print Name of Owner or Legal Representative _____ Title _____