

	<h2 style="margin: 0;">TEXAS COMMISSION ON ENVIRONMENTAL QUALITY</h2> <p style="margin: 5px 0;">Permitting and Registration Division, MC 178 Water Operator Licensing Program P.O. Box 13087 Austin, Texas 78711-3087 512/239-6300</p>	<u>COMMISSION USE ONLY</u> Received Date: _____ Issued Date: _____ Expiration Date: _____ Registration No. : _____ Region No.: _____ Date Fee Paid: _____ Amount Paid: _____
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WATER OPERATIONS COMPANY REGISTRATION APPLICATION AND REPORT FORM

I. COMPANY INFORMATION

APPLICANT (Individual, Company, or Corporate Name):		
MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		
CITY:	STATE:	ZIP CODE:
BUSINESS PHONE No.: ()	FAX No.: ()	
* STATE TAX PAYER IDENTIFICATION No.	* FEDERAL EMPLOYER'S IDENTIFICATION No.	DATE BUSINESS ESTABLISHED:

* Use the 11- digit State Comptroller's Taxpayer Number or the 9- digit Federal Employer's Identification Number.

II . TYPE OF ACTION

☐ New Registration *
 ☐ Renewal Registration *
 ☐ Change Notice

***A fee is due with an application for new or renewal registration ONLY**

(No fee is due when submitting the yearly report or change notice)

FEE TABLE	
NUMBER OF FACILITIES SERVED	FEE
0 to 4	\$122.00
5 TO 9	\$240.00
10 TO 19	\$399.00
20 OR MORE	\$636.00
* Fees cover the three-year validity period of the registration	

III. FACILITY/ REGULATED ENTITY INFORMATION

List below all public water systems currently operated by the company during this and the preceding calendar year. Indicate type of water system, Ground Water, Surface Water, Ground Water Under the Influence of Surface Water (GUI) or Purchased Water. Please provide the number of connections for each system. Attach additional sheets if necessary.

Website for Public Water System ID Numbers: <http://www3.tceq.state.tx.us/iwud/>

Information must be complete or application will be returned

PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
OWNER'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:		STATE:	ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:			
TYPE OF SYSTEM: <input type="checkbox"/> GROUND WATER <input type="checkbox"/> SURFACE WATER <input type="checkbox"/> GUI <input type="checkbox"/> PURCHASED WATER					
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
OWNER'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:		STATE:	ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:			
TYPE OF SYSTEM: <input type="checkbox"/> GROUND WATER <input type="checkbox"/> SURFACE WATER <input type="checkbox"/> GUI <input type="checkbox"/> PURCHASED WATER					
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
OWNER'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:		STATE:	ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:			
TYPE OF SYSTEM: <input type="checkbox"/> GROUND WATER <input type="checkbox"/> SURFACE WATER <input type="checkbox"/> GUI <input type="checkbox"/> PURCHASED WATER					
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
OWNER'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:		STATE:	ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:			
TYPE OF SYSTEM: <input type="checkbox"/> GROUND WATER <input type="checkbox"/> SURFACE WATER <input type="checkbox"/> GUI <input type="checkbox"/> PURCHASED WATER					
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
OWNER'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:		STATE:	ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:			
TYPE OF SYSTEM: <input type="checkbox"/> GROUND WATER <input type="checkbox"/> SURFACE WATER <input type="checkbox"/> GUI <input type="checkbox"/> PURCHASED WATER					

III. FACILITY/ REGULATED ENTITY INFORMATION - CONTINUED

PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
OWNER'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:	
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:			
TYPE OF SYSTEM: <input type="checkbox"/> GROUND WATER <input type="checkbox"/> SURFACE WATER <input type="checkbox"/> GUI <input type="checkbox"/> PURCHASED WATER					
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
OWNER'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:	
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:			
TYPE OF SYSTEM: <input type="checkbox"/> GROUND WATER <input type="checkbox"/> SURFACE WATER <input type="checkbox"/> GUI <input type="checkbox"/> PURCHASED WATER					
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
OWNER'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:	
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:			
TYPE OF SYSTEM: <input type="checkbox"/> GROUND WATER <input type="checkbox"/> SURFACE WATER <input type="checkbox"/> GUI <input type="checkbox"/> PURCHASED WATER					
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OWNER'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:	
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:			
TYPE OF SYSTEM: <input type="checkbox"/> GROUND WATER <input type="checkbox"/> SURFACE WATER <input type="checkbox"/> GUI <input type="checkbox"/> PURCHASED WATER					
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OWNER'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:	
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:			
TYPE OF SYSTEM: <input type="checkbox"/> GROUND WATER <input type="checkbox"/> SURFACE WATER <input type="checkbox"/> GUI <input type="checkbox"/> PURCHASED WATER					

IV. OPERATOR INFORMATION

List below the names, addresses, license type (G = Ground Water; S = Surface Water; D = Distribution) and license level (A, B, C or D) and license or social security numbers of those operators currently employed by the company. List the public water system identification number they operate. Indicate if the operator is the Chief Operator at that system. Attach additional sheets if necessary.

Information must be completed or application will be returned

OPERATOR'S NAME:									
LICENSE No. or SSN:		LEVEL of LICENSE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		TYPE of LICENSE: <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> D			LICENSE EXPIRATION DATE:		
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):						CITY:		STATE:	ZIP CODE:
OPERATOR'S NAME:									
LICENSE No. or SSN:		LEVEL of LICENSE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		TYPE of LICENSE: <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> D			LICENSE EXPIRATION DATE:		
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):						CITY:		STATE:	ZIP CODE:
OPERATOR'S NAME:									
LICENSE No. or SSN:		LEVEL of LICENSE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		TYPE of LICENSE: <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> D			LICENSE EXPIRATION DATE:		
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):						CITY:		STATE:	ZIP CODE:
OPERATOR'S NAME:									
LICENSE No. or SSN:		LEVEL of LICENSE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		TYPE of LICENSE: <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> D			LICENSE EXPIRATION DATE:		
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):						CITY:		STATE:	ZIP CODE:

IV. OPERATOR INFORMATION - CONTINUED

OPERATOR'S NAME:							
LICENSE No. or SSN:		LEVEL of LICENSE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		TYPE of LICENSE: <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> D		LICENSE EXPIRATION DATE:	
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):				CITY:		STATE:	ZIP CODE:
OPERATOR'S NAME:							
LICENSE No. or SSN:		LEVEL of LICENSE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		TYPE of LICENSE: <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> D		LICENSE EXPIRATION DATE:	
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):				CITY:		STATE:	ZIP CODE:
OPERATOR'S NAME:							
LICENSE No. or SSN:		LEVEL of LICENSE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		TYPE of LICENSE: <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> D		LICENSE EXPIRATION DATE:	
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
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OPERATOR'S NAME:							
LICENSE No. or SSN:		LEVEL of LICENSE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		TYPE of LICENSE: <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> D		LICENSE EXPIRATION DATE:	
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	PWS ID No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):				CITY:		STATE:	ZIP CODE:

V. COMPLIANCE HISTORY

- a. List below all public systems that the company has operated that are now or have been during the past year involved in compliance related enforcement proceedings, such as an enforcement order (issued by either this agency or the U.S. Environmental Protection Agency) or other court order, judgment, etc. State the nature of the non-compliance and indicate the duration ("March-June, 2000"). Describe what corrective measures have been taken. Attach additional sheets if necessary.

PWS ID No.:	SYSTEM OWNER NAME:	SYSTEM NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATION:			
CORRECTIVE ACTIONS TAKEN:			
PWS ID No.:	SYSTEM OWNER NAME:	SYSTEM NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATION:			
CORRECTIVE ACTIONS TAKEN:			
PWS ID No.:	SYSTEM OWNER NAME:	SYSTEM NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATION:			
CORRECTIVE ACTIONS TAKEN:			
PWS ID No.:	SYSTEM OWNER NAME:	SYSTEM NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATION:			
CORRECTIVE ACTIONS TAKEN:			

V. SIGNATURE

To be completed by the applicant or Chief Executive Officer of the company or corporation.

I, _____, _____
PRINT NAME TITLE

Hereby certify under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that all information is true, accurate, and complete. I understand that any misrepresentation or falsification may result in rejection of this application and possible referral for enforcement action.

SIGNATURE: _____ DATE: _____

If you have questions on how to fill out this form or about the Water Licensing Program, please contact us at 512/239-6300.

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.

Please forward original signed forms to:

Texas Commission On Environmental Quality
Permitting and Registration Division, MC 178
Water Operator Licensing Program
P.O. Box 13087
Austin, Texas 78711-3087