



Texas Commission on Environmental Quality

Dry Cleaning Program



Dry Cleaning FACILITY Registration Form Instructions

WHAT IS THIS FORM? This form should be used by owners of dry cleaning facilities to report information to the Texas Commission on Environmental Quality (TCEQ).

WHEN MUST I COMPLETE THIS FORM? The owner of an operating dry cleaning facility must register with the commission annually and the registration is due by August 1st. Any change of registration information requires the filing of an amended Dry Cleaning Facility Registration form within 30 days of the change. Please see the instructions below for each section of the form. If you have any questions concerning the form or whether your facility should be registered, **please contact the Dry Cleaning Registration Team at (512) 239-2160.**

You will see references to “regulated entity” and “customer” on the form. The dry cleaning facility is the “regulated entity” and the owner of the dry cleaning facility is the “customer.”

GENERAL INSTRUCTIONS: For an initial submittal, please complete the entire form so our records will be as accurate as possible.

If your form is not completed entirely it will be returned.

Please mail the completed form to the address provided at the top of the Registration Form.

LINE-BY-LINE INSTRUCTIONS

ID NUMBERS - These are TCEQ assigned numbers (except for the Tax ID No.) used to identify facilities and owners.

TCEQ Account No.: This number is reported in the upper right hand corner of the form. This number appears on your dry cleaning registration certificate. If this is the first time to complete this form, leave this space blank.

Federal Tax ID Number: All businesses, except for some small sole proprietors, should have a federal taxpayer identification number (TIN). Enter this number here. Do not use prefixes, dashes, or hyphens.

SECTION 1. Reason for Filing the Form - Complete this section to indicate the reason for submitting the form. TCEQ uses this information internally. Please mark all choices that apply.

- 1 - Initial Registration:** Check this box if this is the first time a dry cleaning facility is being registered.
- 2 - Renewal Registration:** Check this box if you’re completing your required annual renewal.
- 3 - Ownership Change:** Provide the effective date of the ownership change.
- 4 - No longer a facility:** Indicate the date that operation as a facility ceased.
- 5 - Change from drop station to facility:** Indicate the date dry cleaning units were added to this location.
- 6 - Amendments:** Required reporting of changes to current registration information. Check the appropriate box. Explain “other” answers sufficiently, or use this space to provide additional comments, as necessary.

SECTION 2. Owner Information- This section contains basic information about the owner of the dry cleaning facility. This entire section must be completed when the form is submitted to TCEQ for any purpose.

Customer Reference Number (CN): This is a number assigned by the TCEQ. If this is the first time to complete this form, leave this space blank. **Do not** enter a permit number, registration number, or license number here. This is a nine digit number and always begins with CN. Regardless of how many regulated entities you are associated with, you will have only one customer reference number.

Owner Name: Business Name or Last Name: Enter the legal name of the business or the last name of the owner. Include any abbreviations (LLC, Inc., etc.).

Owner First Name: Enter the first name for individuals only.

Owner Mailing Address: Enter the mailing address for the customer to receive mail from the TCEQ. For example, this address might be the corporate or regional headquarters of a large company.

Billing Address: Enter the address where bills are to be received if it is different from the mailing address.

Country (Outside USA): If the address is outside the United States, enter the country name.

E-Mail Address: This should be a general address for the owner of the dry cleaning facility.

Owner's Authorized Representative and Phone Number: Enter information for a contact person.

Type of Owner: Check only **one** box. The type of owner identifies whether the owner is an individual, sole proprietor DBA, corporation, partnership, or other, such as a limited liability company. Explain "Other" answers sufficiently.

Location of Records: The location of records indicates if this facility's records are kept onsite or at an alternative location. If records are kept offsite, please indicate the location, contact person, telephone number and fax number.

Taxpayer Number: Indicate the taxpayer number as shown on your sales tax permit. If you have not received your sales tax permit and you are a sole owner, enter your Social Security number. For other types of organizations, enter the Federal Employer's Identification Number (FEIN) assigned to your organization.

State Franchise Tax ID Number: Corporations and limited liability companies that operate in Texas are issued a franchise tax identification number. If the owner is a corporation or limited liability company, enter this number here.

DUNS Number: Most businesses have a DUNS (Data Universal Numbering System) number issued by Dun and Bradstreet Corp. If the customer has one, enter it here.

Independently Owned and Operated?: Check "No" if the customer is a part of a larger company. Otherwise, check "Yes."

Number of Employees: Enter the total number of persons employed by the owner's entire company at all locations.

Outstanding fees or penalties: Check if any fees or penalties are due to the TCEQ for any program regulated by the TCEQ. Note: this form will not be processed until all delinquent fees and/or penalties owed to 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 in Texas? You must answer this question (yes or no) or **the form will be returned**. If the owner has ever used or allowed the use of perchloroethylene at **any** dry cleaning facility in Texas you must indicate yes.

Has the dry cleaning solvent perchloroethylene ever been used at this location? You must answer this question (yes or no) or **the form will be returned**. If perchloroethylene has been used at the location at any time in the past, you must indicate yes.

SECTION 3. Facility Information – This section is for general information about the dry cleaning facility, including facility name, location, and contact person. This entire section must be filled out when the form is submitted to the TCEQ for any purpose.

Regulated Entity Reference Number (RN): This unique nine digit number identifies the regulated entity and always begins with RN. Each location will be assigned a separate RN number. If this is the first time to complete

this form, leave this space blank. **Do not** enter a permit number, registration number, account number, or license number here. Enter only one regulated entity reference number on each form.

Facility Name: This is the name by which you want the dry cleaning location to be known to the TCEQ.

Street Address: Enter the street address of the dry cleaning location. A post office or rural route box cannot be accepted for a location address.

City: Indicate the city/town or the nearest city/town of the location.

ZIP Code: Enter the ZIP code of the location.

County: Enter the name of the county of the location.

Contact Person: Enter name, title, and phone number for a contact person at the location.

E-Mail Address: This should be an general address for the location, if applicable.

Fax Number: Enter information for contacting the location, if applicable.

SIC and NAICS Codes: SIC Code: Enter the Standard Industrial Classification Code that best describes the product, service, or manufacturing process associated with the generation of this waste. For more information, please visit the following website: <http://www.osha.gov/pls/imis/sicsearch.html>.

NAICS Code: Enter the North American Industry Classification System Code that best describes the product, service, or manufacturing process associated with the generation of this waste. For more information, please visit the following website: <http://www.census.gov/epcd/www/naics.html>. A good source for both SICs and NAICS codes are your local Chamber of Commerce. **NAICS category 812320** refers to a retail commercial establishment that operates, or has operated, in whole or in part for the purpose of cleaning garments or other fabrics using a process that involves any use of dry cleaning solvents.

Latitude and Longitude: Enter this information if the regulated entity has a fixed location and the latitude and longitude coordinates are known.

Does this dry cleaning facility accept payment from retail customers? Indicate if payments are accepted from retail customers.

Gross Receipts for the Last Consecutive 12 Months Reported to the Comptroller: This is the sum of all payments or compensation received by the dry cleaning facility in the last consecutive 12 months reported to the Comptroller. Gross receipts are equivalent to net sales or net revenue; **not** equivalent to net profit or net income.

This number should be the same as the "Total Sales" line on your Sales & Use Tax Return. Check only one box. **If your facility does not collect any money from retail customers for cleaning clothes, then you must use gross receipts from associated drop stations.**

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

Date You Began Dry Cleaning Operation at this Location: Enter the date dry cleaning operations began at this location.

Was this location ever a dry cleaning facility prior to the date you began operations? If this location was a dry cleaning facility in the past, please provide the requested dates and other information.

SECTION 4. Real Property Owner - This section is the name, contact person, and mailing address of the owner of the real property where the dry cleaning facility is located. This is the owner of the land, not necessarily the owner of the business. Complete this section if the real property owner is different than the owner of the location.

SECTION 5. TCEQ Programs in which this Regulated Entity Participates - Check all that apply. If this regulated entity participates in a TCEQ program not shown on this list, check the box marked "Other" and enter that program in the blank space.

SECTION 6. Description of Dry Cleaning Machines and Facility - This section contains descriptive and identifying information for each dry cleaning machine and must be completed for each dry cleaning facility. Please fill out this portion of the form completely to ensure all dry cleaning machines are correctly identified.

This section also must be used to update or amend a dry cleaning machine's registration information. Mark all that apply, unless otherwise indicated. If the facility has more than four dry cleaning machines, attach a separate form.

Machine Number: Indicate individual machine's ID number as assigned by the owner. All machine identification numbers at a given facility must be numeric; must begin with the number one (1); and must proceed sequentially without skipping numbers (i.e. 1, 2, 3...). These numbers should consistently refer to the same machines in future registrations.

a. Dry cleaning machine installation date: Provide the date (month and year) that the machine was installed.

b. Status of dry cleaning machines: Enter the current status of the dry cleaning machine. Check the correct box or provide date where specified. When reporting temporarily out of use or permanently out of use, please provide the date that the dry cleaning machine was emptied of solvent.

c. Does the dry cleaning machine have secondary containment?: Indicate whether the machine has secondary containment and the date it was installed. **Indicate Material of Construction for Containment:** Indicate material of construction for secondary containment.

SECTION 7. Solvent Purchase, Use, Delivery, Storage, and Disposal -

a. From whom do you purchase solvent?: Provide the names and TCEQ distributor numbers of any distributor from whom you purchase solvent. Attach additional sheets if necessary.

b. Check types of solvents currently used: Indicate the types of solvents you use. Check all that apply.

c. Check types of solvents used in the past: Indicate the types of solvents that have been used in the past at this location. Check all that apply.

d. What is the number of gallons purchased annually?: Indicate the number of gallons of each solvent purchased during the last calendar year.

e. Are virgin (new) solvents stored in containers other than the dry cleaning machine?: Indicate if new stock of solvent is stored on site. **Is there secondary containment around the storage area? What is the material of construction for secondary containment?:** Indicate if secondary containment exists around storage area and the material of construction for the containment system.

f. Are chlorinated dry cleaning solvents delivered to the facility by means of a closed, direct-coupled delivery system?: Indicate if deliveries are made using closed, direct coupled systems.

g. Are chlorinated solvent wastes stored in sealed containers?: Indicate if chlorinated solvent wastes are stored in sealed containers.

SECTION 8. Certification - In this section, the owner is certifying that he/she is familiar with the information included on the form and that the information is true, accurate, and complete. **This section must be filled out completely by the owner or their legally authorized representative.** A signature, printed name, and date are required or **the form will be returned.**

If you have any questions concerning the completion of this form or about the information reported on the form, please contact the **Dry Cleaning Registration Team at (512) 239-2160.**

*****MAKE A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS*****