


TCEQ - DRY CLEANING FACILITY 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.:

TCEQ rules (Title 30 Tex. Admin. Code Ch. 337) state that annual renewal registration forms are due by August 1st of each year.
 For each drop station, complete a separate Dry Cleaning Drop Station Registration Form (Form #20207)

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 facility (Indicate effective date of the closing of the facility) ____/____/____
 5 ☐ Change from drop station to facility (Indicate effective date of change) ____/____/____
 6 ☐ 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 # of Employees: ☐ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 501 & Higher

This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of 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 or drop station in this state? ☐ Yes ☐ No

Has the dry cleaning solvent perchloroethylene ever been used at this location? ☐ Yes ☐ No

Section 3. Facility Information

Regulated Entity No.: RN _____

Facility Name: _____ Street Address: _____

City: _____ TEXAS Zip Code: _____ County: _____ Contact Person: _____

Title: _____ Phone No.: ____/____-____ Email Address : _____ Fax No.: ____/____-____

Primary SIC Code: _____ Secondary SIC: _____ Primary NAICS Code: _____ Secondary NAICS: _____

Latitude: Degrees ____ Minutes ____ Seconds ____ Longitude: Degrees ____ Minutes ____ Seconds ____

Does this dry cleaning facility accept payment directly from retail customers? ☐ Yes ☐ No

Please indicate gross receipts (includes all sources of income from this location, including laundry receipts) for the last consecutive 12 months reported to the Comptroller: (If facility does not collect money from retail customers, use gross receipts from associated drop stations.) ☐ \$150,000 or less ☐ more than \$150,000

This number should be the same as the "Total Sales" line on your Sales & Use Tax Return.

Gross receipts will be verified by the Texas Comptroller of Public Accounts
 (If this information is not verified to be accurate, your dry cleaning registration certificate may be withheld)

When did you begin dry cleaning operations at this location? ____/____/____

Was this location ever a dry cleaning facility prior to the date you began operations? ☐ Yes or ☐ No

Please complete a separate form for each dry cleaning facility

Section 4. Real Property 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.

a. Dry cleaning machine identification number (assigned by owner, i.e., 1, 2, 3)	Machine No.	Machine No.	Machine No.	Machine No.
b. Dry cleaning machine installation date (mm/yyyy)	____/____/____	____/____/____	____/____/____	____/____/____
c. Status of dry cleaning machine: Currently in use? (yes or no) If not, is the machine: Temporarily out of use, since (mm/yyyy); OR Permanently out of use, since (mm/yyyy) If permanently out of use, has the machine been emptied of all dry cleaning solvents? (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
d. Does dry cleaning machine have secondary containment? (Indicate Yes or No) If yes, when was it installed? (mm/yyyy) 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. Distributor Name: _____ TCEQ Distributor ID # _____

2. Distributor 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 dry cleaning solvents delivered to the facility by a closed, direct-coupled delivery system? ☐ Yes ☐ No

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

Section 8. Associated Drop Stations

- a. How many dry cleaning drop stations are currently owned by the dry cleaning facility owner? _____
- b. As of the date of this form, is the drop station registration information on file with the TCEQ, including information on this form, complete, accurate, and up to date? ☐ Yes ☐ No ☐ N/A
- c. If any previously owned drop stations have permanently ceased operations or are no longer owned by the facility owner, please indicate the drop station's change in status in a separate Dry Cleaning Drop Station Registration Form (Form #20207).

*For each drop station, complete a separate Dry Cleaning Drop Station Registration Form (Form #20207)***Section 9. 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 _____

To request and review your personal information gathered by the agency, or correct any errors in your information, contact us at 512-239-2160.

By selecting yes, I am stating that I understand that all locations active with the Comptroller of Public Accounts, under the above listed owner must be submitted together.
Incomplete submissions will result in the forms being returned without being processed.