

TCEQ - UNDERGROUND STORAGE TANK REGISTRATION & SELF-CERTIFICATION FORM
 (Use this form for filing registration and self-certification information) Page 1 of 5

For Use in TEXAS		Texas Commission On Environmental Quality	• Please mail completed form to: Petroleum Storage Tank Registration Team (MC-138) Texas Commission on Environmental Quality P. O. Box 13087 Austin, Texas 78711-3087 (512) 239-2160 Fax (512)239-3398 *MAKE A COPY OF FORM FOR YOUR RECORDS*	TCEQ Facility ID No.: TCEQ Owner ID No.: Federal Tax ID No. :	
		1. TANK OWNER INFORMATION			
		TANK OWNER BUSINESS <u>OR</u> LAST NAME:		TANK OWNER FIRST NAME	

OWNER MAILING ADDRESS		<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship DBA <input type="checkbox"/> Federal Gov't <input type="checkbox"/> State Gov't <input type="checkbox"/> Local Gov't <input type="checkbox"/> County Gov't <input type="checkbox"/> City Gov't <input type="checkbox"/> Other (specify):	
CITY: _____ STATE: _____ ZIP CODE: _____		LOCATION OF RECORDS: <input type="checkbox"/> At facility <input type="checkbox"/> Offsite at: _____	
COUNTRY (OUTSIDE USA)	E-MAIL ADDRESS	OFFSITE RECORDS LOCATION	ADDRESS CITY STATE
OWNER'S AUTHORIZED REPRESENTATIVE: TITLE: _____ TELEPHONE No.: _____		RECORDS CUSTODIAN/CONTACT PERSON:	TELEPHONE No. _____
STATE FRANCHISE TAX ID	DUNN NO	FAX NO: _____	INDEPENDENTLY OWNED & OPERATED <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF EMPLOYEES <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 & HIGHER			

**** For Self-Certification only 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](#). ****

2. FACILITY INFORMATION

FACILITY NAME:		TYPE OF FACILITY:	
PHYSICAL LOCATION:		<input type="checkbox"/> Retail <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Wholesale <input type="checkbox"/> Fleet Refueling <input type="checkbox"/> Aircraft Refueling <input type="checkbox"/> Indian Land <input type="checkbox"/> Indust./Mfg./Chem. Plant <input type="checkbox"/> Watercraft Fueling <input type="checkbox"/> Other (specify): _____	
CITY: _____	ZIP CODE: _____	COUNTY: _____	Number of regulated *USTs at this facility: _____ *Underground Storage Tanks (USTs) Number of regulated *ASTs at this facility: _____ *Aboveground Storage Tanks (ASTs)
ON-SITE CONTACT PERSON TITLE: _____		PRIMARY SIC CODE	SECONDARY SIC CODE
E-MAIL ADDRESS: _____		PRIMARY NAICS CODE	SECONDARY NAICS CODE
LATITUDE Degrees	Minutes	Seconds	LONGITUDE Degrees
		Minutes	Seconds

3. TANK OPERATOR*INFORMATION (mark here if same as owner)

* "Operator" means any person in day-to-day control of, and having responsibility for, the daily operation of the UST system.

TCEQ Operator ID No.: _____ (Assigned by TCEQ) CN

TANK OPERATOR NAME: (Do NOT LIST EMPLOYEES OF OPERATOR)		TYPE OF TANK OPERATOR:	
MAILING ADDRESS:		<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship DBA <input type="checkbox"/> Federal Gov't <input type="checkbox"/> State Gov't <input type="checkbox"/> County Gov't <input type="checkbox"/> City Gov't <input type="checkbox"/> Local Gov't	
CITY: _____	STATE: _____	ZIP CODE: _____	COUNTY: _____
OPERATOR'S AUTHORIZED REPRESENTATIVE: TITLE: _____ TELEPHONE No.: _____		Date listed person became operator: ____ / ____ / ____	
		<input type="checkbox"/> Other (specify): _____	

****FOR ASSISTANCE WITH THIS FORM, PLEASE READ THE INSTRUCTION SHEET****

TCEQ Facility ID No _____

TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM

Important: The information in the following sections regarding the UST system(s) at this facility must be properly completed in sufficient detail to support registration. UST owners & operators are encouraged to examine their UST records and/or consult with their UST equipment installers, service technicians, and/or insurance providers to ensure that this information is accurate and complete.

11. TANK IDENTIFICATION/DESCRIPTION

Tank Identification <i>Number each tank compartment at your site consistent with Rule 334.8(c)(5)(C).</i>				
Tank Installation Date (Month/day/year)	/ /	/ /	/ /	/ /
Tank Capacity (in U.S. gallons)				
Tank Status (Mark One Status & Indicate Date, if Applicable)				
1-Currently in Use	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>
2-Temporarily out of service (date)	2- ___/___/___	2- ___/___/___	2- ___/___/___	2- ___/___/___
- Meets TCEQ Definition of Empty?- 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
3-Perm. filled in place w/ sand, concrete, etc.(date)	3- ___/___/___	3- ___/___/___	3- ___/___/___	3- ___/___/___
4-Permanently removed from the ground (date)	4- ___/___/___	4- ___/___/___	4- ___/___/___	4- ___/___/___
Current/Last Substance Stored (Mark One Substance per compartment)				
1-Gasoline	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>
2-Diesel	2- <input type="checkbox"/>	2- <input type="checkbox"/>	2- <input type="checkbox"/>	2- <input type="checkbox"/>
3-Kerosene	3- <input type="checkbox"/>	3- <input type="checkbox"/>	3- <input type="checkbox"/>	3- <input type="checkbox"/>
4-Used Oil	4- <input type="checkbox"/>	4- <input type="checkbox"/>	4- <input type="checkbox"/>	4- <input type="checkbox"/>
5-New Oil	5- <input type="checkbox"/>	5- <input type="checkbox"/>	5- <input type="checkbox"/>	5- <input type="checkbox"/>
6-Other Petroleum Substance (specify)	6- _____	6- _____	6- _____	6- _____
7a-CERCLA Hazardous Substance (specify)	7a- _____	7a- _____	7a- _____	7a- _____
7b-Chemical Abstract Service (CAS) No.	7b- # _____	7b- # _____	7b- # _____	7b- # _____
7c-Hazardous Substances Mixture (specify)	7c- _____	7c- _____	7c- _____	7c- _____
8-Petrol./Haz. Substances Mixture (specify)	8- _____	8- _____	8- _____	8- _____
9-Other (specify)	9- _____	9- _____	9- _____	9- _____

12. UST SYSTEM TECHNICAL INFORMATION

Tank & Piping Design (Mark One for Tank & Piping)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1-Single-Wall	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>
2-Double-Wall	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>
External Containment (Mark all that apply)								
3-Factory-Built Nonmetallic Jacket	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>
4a-Synthetic Tank-Pit/Piping-Trench Liner	4a- <input type="checkbox"/>	<input type="checkbox"/>	4a- <input type="checkbox"/>	<input type="checkbox"/>	4a- <input type="checkbox"/>	<input type="checkbox"/>	4a- <input type="checkbox"/>	<input type="checkbox"/>
4b-Tank Vault/Rigid Trench Liner	4b- <input type="checkbox"/>	<input type="checkbox"/>	4b- <input type="checkbox"/>	<input type="checkbox"/>	4b- <input type="checkbox"/>	<input type="checkbox"/>	4b- <input type="checkbox"/>	<input type="checkbox"/>
Type of Piping (Mark One)								
5a-Pressurized	5a-N/A	<input type="checkbox"/>	5a-N/A	<input type="checkbox"/>	5a-N/A	<input type="checkbox"/>	5a-N/A	<input type="checkbox"/>
5b-Suction	5b-N/A	<input type="checkbox"/>	5b-N/A	<input type="checkbox"/>	5b-N/A	<input type="checkbox"/>	5b-N/A	<input type="checkbox"/>
5c-Gravity	5c-N/A	<input type="checkbox"/>	5c-N/A	<input type="checkbox"/>	5c-N/A	<input type="checkbox"/>	5c-N/A	<input type="checkbox"/>
Tank Internal Protection								
6-Internal Tank Lining (Indicate date)	6- ___/___/___		6- ___/___/___		6- ___/___/___		6- ___/___/___	
Tank & Piping Materials (Mark all that apply)								
1-Steel	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>
2-FRP (fiberglass-reinforced plastic)	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>
3-Composite tank (steel w/external FRP cladding)	3- <input type="checkbox"/>	N/A	3- <input type="checkbox"/>	N/A	3- <input type="checkbox"/>	N/A	3- <input type="checkbox"/>	N/A
4-Concrete	4- <input type="checkbox"/>	<input type="checkbox"/>	4- <input type="checkbox"/>	<input type="checkbox"/>	4- <input type="checkbox"/>	<input type="checkbox"/>	4- <input type="checkbox"/>	<input type="checkbox"/>
5a-Jacketed (steel w/external nonmetallic jacket)	5a- <input type="checkbox"/>	<input type="checkbox"/>	5a- <input type="checkbox"/>	<input type="checkbox"/>	5a- <input type="checkbox"/>	<input type="checkbox"/>	5a- <input type="checkbox"/>	<input type="checkbox"/>
5b-Coated (steel w/external polyurethane cladding)	5b- <input type="checkbox"/>	N/A	5b- <input type="checkbox"/>	N/A	5b- <input type="checkbox"/>	N/A	5b- <input type="checkbox"/>	N/A
5c-Nonmetallic flexible piping	5c-N/A	<input type="checkbox"/>	5c-N/A	<input type="checkbox"/>	5c-N/A	<input type="checkbox"/>	5c-N/A	<input type="checkbox"/>
5d-Other (specify)	5d- _____		5d- _____		5d- _____		5d- _____	
•Piping Connectors & Valves (Mark all that apply)								
6-Shear/Impact Valves (under dispenser)	6-N/A	<input type="checkbox"/>	6-N/A	<input type="checkbox"/>	6-N/A	<input type="checkbox"/>	6-N/A	<input type="checkbox"/>
7-Steel swing-joints (at ends of piping)	7-N/A	<input type="checkbox"/>	7-N/A	<input type="checkbox"/>	7-N/A	<input type="checkbox"/>	7-N/A	<input type="checkbox"/>
8-Flexible connectors (at ends of piping)	8-N/A	<input type="checkbox"/>	8-N/A	<input type="checkbox"/>	8-N/A	<input type="checkbox"/>	8-N/A	<input type="checkbox"/>

TCEQ Facility ID No _____
TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM

12. UST SYSTEM TECHNICAL INFORMATION - continued from page 4

Tank Identification (e.g. 1, 2, 3, 4, etc.)								
Tank/Piping Corrosion Protection (<i>Mark all that apply</i>)	Tank	Piping	Tank	Piping	Tank	Piping	Tank Piping	
1-External dielectric coating/laminate/tape/wrap	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>
2a-Listed/certified factory-built cathodic protection	2a- <input type="checkbox"/>	<input type="checkbox"/>	2a- <input type="checkbox"/>	<input type="checkbox"/>	2a- <input type="checkbox"/>	<input type="checkbox"/>	2a- <input type="checkbox"/>	<input type="checkbox"/>
2b-Certified field-installed cathodic protection	2b- <input type="checkbox"/>	<input type="checkbox"/>	2b- <input type="checkbox"/>	<input type="checkbox"/>	2b- <input type="checkbox"/>	<input type="checkbox"/>	2b- <input type="checkbox"/>	<input type="checkbox"/>
3a-Listed composite tank (steel w/FRP external laminate)	3a- <input type="checkbox"/>	N/A	3a- <input type="checkbox"/>	N/A	3a- <input type="checkbox"/>	N/A	3a- <input type="checkbox"/>	N/A
3b-Listed coated tank (steel w/external polyurethane laminate)	3b- <input type="checkbox"/>	N/A	3b- <input type="checkbox"/>	N/A	3b- <input type="checkbox"/>	N/A	3b- <input type="checkbox"/>	N/A
4a-Listed FRP tank or piping (noncorrodible)	4a- <input type="checkbox"/>	<input type="checkbox"/>	4a- <input type="checkbox"/>	<input type="checkbox"/>	4a- <input type="checkbox"/>	<input type="checkbox"/>	4a- <input type="checkbox"/>	<input type="checkbox"/>
4b-Listed nonmetallic flexible piping (noncorrodible)	4b-N/A <input type="checkbox"/>	<input type="checkbox"/>	4b-N/A <input type="checkbox"/>	<input type="checkbox"/>	4b-N/A <input type="checkbox"/>	<input type="checkbox"/>	4b-N/A <input type="checkbox"/>	<input type="checkbox"/>
5a-Listed/certified external nonmetallic jacket	5a- <input type="checkbox"/>	N/A	5a- <input type="checkbox"/>	N/A	5a- <input type="checkbox"/>	N/A	5a- <input type="checkbox"/>	N/A
5b-Isolated in open-area (e.g., sump, boot, etc.)	5b- <input type="checkbox"/>	<input type="checkbox"/>	5b- <input type="checkbox"/>	<input type="checkbox"/>	5b- <input type="checkbox"/>	<input type="checkbox"/>	5b- <input type="checkbox"/>	<input type="checkbox"/>
6-Other (<i>specify</i>)	6- <input type="checkbox"/>	<input type="checkbox"/>	6- <input type="checkbox"/>	<input type="checkbox"/>	6- <input type="checkbox"/>	<input type="checkbox"/>	6- <input type="checkbox"/>	<input type="checkbox"/>
Tank & Piping Release Detection (<i>Mark all that apply</i>)	Tank	Piping	Tank	Piping	Tank	Piping	Tank Piping	
1-External vapor/tracer monitoring	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>
2-External groundwater monitoring	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>
3-Monitoring of secondary containment barrier	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>
4-Automatic tank gauge test & inv.control	4- <input type="checkbox"/>	N/A	4- <input type="checkbox"/>	N/A	4- <input type="checkbox"/>	N/A	4- <input type="checkbox"/>	N/A
5-Interstitial monitoring within secondary wall/jacket	5- <input type="checkbox"/>	<input type="checkbox"/>	5- <input type="checkbox"/>	<input type="checkbox"/>	5- <input type="checkbox"/>	<input type="checkbox"/>	5- <input type="checkbox"/>	<input type="checkbox"/>
6a-Monthly piping tightness test (@ 0.2 gph)	6a-N/A <input type="checkbox"/>	<input type="checkbox"/>	6a-N/A <input type="checkbox"/>	<input type="checkbox"/>	6a-N/A <input type="checkbox"/>	<input type="checkbox"/>	6a-N/A <input type="checkbox"/>	<input type="checkbox"/>
6b-Annual piping tightness test (@ 0.1gph)	6b-N/A <input type="checkbox"/>	<input type="checkbox"/>	6b-N/A <input type="checkbox"/>	<input type="checkbox"/>	6b-N/A <input type="checkbox"/>	<input type="checkbox"/>	6b-N/A <input type="checkbox"/>	<input type="checkbox"/>
6c-Triennial tightness test (for suction/gravity piping)	6c-N/A <input type="checkbox"/>	<input type="checkbox"/>	6c-N/A <input type="checkbox"/>	<input type="checkbox"/>	6c-N/A <input type="checkbox"/>	<input type="checkbox"/>	6c-N/A <input type="checkbox"/>	<input type="checkbox"/>
6d-Auto. line leak detector (3.0gph for pressure piping)	6d-N/A <input type="checkbox"/>	<input type="checkbox"/>	6d-N/A <input type="checkbox"/>	<input type="checkbox"/>	6d-N/A <input type="checkbox"/>	<input type="checkbox"/>	6d-N/A <input type="checkbox"/>	<input type="checkbox"/>
7a-Weekly manual tank gauging (tanks ≤ 1,000 gal)	7a- <input type="checkbox"/>	N/A	7a- <input type="checkbox"/>	N/A	7a- <input type="checkbox"/>	N/A	7a- <input type="checkbox"/>	N/A
7b-Monthly tank gauging (for emer. generator tanks)	7b- <input type="checkbox"/>	N/A	7b- <input type="checkbox"/>	N/A	7b- <input type="checkbox"/>	N/A	7b- <input type="checkbox"/>	N/A
8-SIR-Statistical Inventory Reconciliation & inv. control	8- <input type="checkbox"/>	<input type="checkbox"/>	8- <input type="checkbox"/>	<input type="checkbox"/>	8- <input type="checkbox"/>	<input type="checkbox"/>	8- <input type="checkbox"/>	<input type="checkbox"/>
9-Other (<i>specify</i>)	9- <input type="checkbox"/>	<input type="checkbox"/>	9- <input type="checkbox"/>	<input type="checkbox"/>	9- <input type="checkbox"/>	<input type="checkbox"/>	9- <input type="checkbox"/>	<input type="checkbox"/>
Spill Containment & Overfill Prevention Equipment								
1- Tight-fill fitting	1 - <input type="checkbox"/>		1 - <input type="checkbox"/>		1 - <input type="checkbox"/>		1 - <input type="checkbox"/>	
2- Factory-built spill container/bucket/sump	2 - <input type="checkbox"/>		2 - <input type="checkbox"/>		2 - <input type="checkbox"/>		2 - <input type="checkbox"/>	
3a-Delivery shut-off valve (set@ ≤95%capacity)	3a- <input type="checkbox"/>		3a- <input type="checkbox"/>		3a- <input type="checkbox"/>		3a- <input type="checkbox"/>	
3b-Flow restrictor, e.g., vent ball-float (set@ ≤90% cap.)	3b- <input type="checkbox"/>		3b- <input type="checkbox"/>		3b- <input type="checkbox"/>		3b- <input type="checkbox"/>	
3c-Alarm (set@ ≤90%), w/3a or 3b (set@ ≤98% cap.)	3c- <input type="checkbox"/>		3c- <input type="checkbox"/>		3c- <input type="checkbox"/>		3c- <input type="checkbox"/>	
4 - N/A - All deliveries to tank are ≤ 25 gal. each	4 - <input type="checkbox"/>		4 - <input type="checkbox"/>		4 - <input type="checkbox"/>		4 - <input type="checkbox"/>	
Stage 1/Stage 2 Vapor Recovery (<i>Mark all that apply</i>)								
* See instructions for rule & location exemption information.								
1-Stage I (UST to tanker truck): Installation date:	1- ____/____/____		1- ____/____/____		1- ____/____/____		1- ____/____/____	
• Type: 1a-Stage 1 two-point system	1a- <input type="checkbox"/>		1a- <input type="checkbox"/>		1a- <input type="checkbox"/>		1a- <input type="checkbox"/>	
1b-Stage 1 coaxial system	1b- <input type="checkbox"/>		1b- <input type="checkbox"/>		1b- <input type="checkbox"/>		1b- <input type="checkbox"/>	
• Exempt by: 1c-TCEQ Rule*	1c- <input type="checkbox"/>		1c- <input type="checkbox"/>		1c- <input type="checkbox"/>		1c- <input type="checkbox"/>	
2-Stage II (vehicle to UST): Installation date:	2- ____/____/____		2- ____/____/____		2- ____/____/____		2- ____/____/____	
• Type: 2a-Stage II balance system	2a- <input type="checkbox"/>		2a- <input type="checkbox"/>		2a- <input type="checkbox"/>		2a- <input type="checkbox"/>	
2b-Stage II assist system	2b- <input type="checkbox"/>		2b- <input type="checkbox"/>		2b- <input type="checkbox"/>		2b- <input type="checkbox"/>	
• Exempt by: 2c-TCEQ Rule*	2c- <input type="checkbox"/>		2c- <input type="checkbox"/>		2c- <input type="checkbox"/>		2c- <input type="checkbox"/>	

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

For Self-Certification Annual Renewal, **Sections 1, 2, 3, 4, 7, 8, & 9** must be completed. If there is a change of ownership along with the renewal of the delivery certificate, **Sections 1, 2, 3, 4, 7, 8, 9, 10, & 11** must be completed.

For Registration Purposes, **Sections 1, 2, 3, 4, 10** must be completed and **Sections 6, 8, 11, 12** should be completed only if applicable.

For data verification purposes, please check our web page **PST Registration Database** (www.tceq.state.tx.us/permitting/registration/pst/pst_query.html).

If you have any questions on how to fill out this form or about the PST Registration program, please contact us at 512/239-2160.

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.