

**TCEQ - UNDERGROUND STORAGE TANK REGISTRATION & SELF-CERTIFICATION FORM**

(Use this form for filing registration and self-certification information)

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 \*MAKE COPY OF FORM FOR YOUR RECORDS**  
**Austin, Texas 78711-3087**  
 (512) 239-2160 Fax (512) 239-3398

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

**\*\*For Self-Certification only this form will not be processed until all delinquent fees and 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:			<b>TYPE OF FACILITY:</b> Retail Farm or Residential Wholesale Fleet Refueling Aircraft Refueling Indian Land Indust./Mfg./Chem. Plant Watercraft Fueling Other (specify): _____		
PHYSICAL LOCATION:			Number of regulated USTs at this facility: _____		
CITY:	ZIP CODE:	COUNTY:	Number of regulated ASTs at this facility: _____		
ON-SITE CONTACT PERSON TITLE: TELEPHONE No.:			PRIMARY SIC CODE SECONDARY SIC CODE		
E-MAIL ADDRESS: FAX NUMBER			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)			<b>TYPE OF TANK OPERATOR:</b> Individual Corporation Sole Proprietorship DBA Federal Gov't State Gov't County Gov't City Gov't Local Gov't Other (specify): _____		
MAILING ADDRESS:			Date listed person became operator: ____/____/____		
CITY:	STATE:	ZIP CODE:	COUNTY:		
OPERATOR'S AUTHORIZED REPRESENTATIVE:	TITLE:	TELEPHONE No.:			

### 4. REASON FOR THIS FILING

**PART A). UST REGISTRATION INFORMATION** (Mark all that apply):

1 Initial Registration    2 UST Ownership Change (**New Owner indicate effective date:**) . . . \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3 Amendment of:    A Owner Information    B Operator Information    C Facility Information

   D UST System Information    E Financial Assurance Information

4. Other (specify): \_\_\_\_\_

Note: Please refer to the instruction sheet for assistance in completing Part A.

**PART B). UST COMPLIANCE SELF-CERTIFICATION INFORMATION** (Mark all that apply):

1 Initial Certification at Facility (Including Tank Ownership Change)    2 Annual Renewal

3 New Tank at Facility    4 Other (specify): \_\_\_\_\_

Note: Please refer to the instruction sheet for assistance in completing Part B.

### 5. TCEQ PROGRAMS IN WHICH THIS REGULATED ENTITY PARTICIPATES

NOT ALL PROGRAMS HAVE BEEN LISTED. PLEASE ADD TO THIS LIST AS NEEDED. IF YOU DON'T KNOW OR ARE UNSURE, PLEASE MARK "UNKNOWN".

Animal Feeding Operation	Petroleum Storage Tank	Water Rights
Title V - Air	Wastewater Permit	_____
Industrial & Hazardous Waste	Water Districts	_____
Municipal Solid Waste	Water Utilities	Unknown
New Source Review - Air	Licensing - Type (S)	

### 6. INSTALLER/ON-SITE SUPERVISOR CERTIFICATION

NOTE: This section must be completed and signed by the Installer or On-Site Supervisor. Leave blank if no tank or underground line installation activity is involved.

Was tank and/or line testing completed during and after installation?    Yes    No

**DATE(S) INSTALLATION ACTIVITIES PERFORMED:** \_\_\_\_\_ **CONTRACTOR (COMPANY OR FIRM):** \_\_\_\_\_ **TCEQ CRP No.:** \_\_\_\_\_

CRP \_\_\_\_\_

**INDIVIDUAL INSTALLER/ON-SITE SUPERVISOR:** \_\_\_\_\_ **TCEQ ILP No.:** \_\_\_\_\_

ILP \_\_\_\_\_

• I hereby certify that the information provided concerning recent installations were conducted by me or under my direct supervision, that I am familiar with the TCEQ requirements applicable to such activities, and that to the best of my knowledge and belief such activities were performed in conformance with applicable TCEQ UST regulations.

• **SIGNATURE OF INSTALLER/SUPERVISOR:** \_\_\_\_\_ **DATE OF SIGNATURE**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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)				
<b>Tank Status (Mark One Status &amp; Indicate Date, if Applicable)</b>				
1-Currently in Use	1- _____	1- _____	1- _____	1- _____
2-Temporarily out of service (date)	2- _____	2- _____	2- _____	2- _____
- Meets TCEQ Definition of Empty?-Yes or No	Yes No	Yes No	Yes No	Yes 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- _____
<b>Current/Last Substance Stored (Mark One Substance per compartment)</b>				
1-Gasoline	1- _____	1- _____	1- _____	1- _____
2-Diesel	2- _____	2- _____	2- _____	2- _____
3-Kerosene	3- _____	3- _____	3- _____	3- _____
4-Used Oil	4- _____	4- _____	4- _____	4- _____
5-New Oil	5- _____	5- _____	5- _____	5- _____
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	Tank	Piping	Tank	Piping	Tank	Piping
<b>Tank &amp; Piping Design (Mark One for Tank &amp; Piping)</b>								
1-Single-Wall	1- _____	1- _____	1- _____	1- _____	1- _____	1- _____	1- _____	1- _____
2-Double-Wall	2- _____	2- _____	2- _____	2- _____	2- _____	2- _____	2- _____	2- _____
<b>External Containment (Mark all that apply)</b>								
3-Factory-Built Nonmetallic Jacket	3- _____	3- _____	3- _____	3- _____	3- _____	3- _____	3- _____	3- _____
4a-Synthetic Tank-Pit/Piping-Trench Liner	4a- _____	4a- _____	4a- _____	4a- _____	4a- _____	4a- _____	4a- _____	4a- _____
4b-Tank Vault/Rigid Trench Liner	4b- _____	4b- _____	4b- _____	4b- _____	4b- _____	4b- _____	4b- _____	4b- _____
<b>Type of Piping (Mark One)</b>								
5a-Pressurized	5a-N/A	5a-N/A	5a-N/A	5a-N/A	5a-N/A	5a-N/A	5a-N/A	5a-N/A
5b-Suction	5b-N/A	5b-N/A	5b-N/A	5b-N/A	5b-N/A	5b-N/A	5b-N/A	5b-N/A
5c-Gravity	5c-N/A	5c-N/A	5c-N/A	5c-N/A	5c-N/A	5c-N/A	5c-N/A	5c-N/A
<b>Tank Internal Protection</b>								
6-Internal Tank Lining (Indicate date)	6- _____	6- _____	6- _____	6- _____	6- _____	6- _____	6- _____	6- _____
<b>Tank &amp; Piping Materials (Mark all that apply)</b>								
1-Steel	1- _____	1- _____	1- _____	1- _____	1- _____	1- _____	1- _____	1- _____
2-FRP (fiberglass-reinforced plastic)	2- _____	2- _____	2- _____	2- _____	2- _____	2- _____	2- _____	2- _____
3-Composite tank (steel w/external FRP cladding)	3- _____	N/A	3- _____	N/A	3- _____	N/A	3- _____	N/A
4-Concrete	4- _____	4- _____	4- _____	4- _____	4- _____	4- _____	4- _____	4- _____
5a-Jacketed (steel w/external nonmetallic jacket)	5a- _____	5a- _____	5a- _____	5a- _____	5a- _____	5a- _____	5a- _____	5a- _____
5b-Coated (steel w/external polyurethane cladding)	5b- _____	N/A	5b- _____	N/A	5b- _____	N/A	5b- _____	N/A
5c-Nonmetallic flexible piping	5c-N/A	5c-N/A	5c-N/A	5c-N/A	5c-N/A	5c-N/A	5c-N/A	5c-N/A
5d-Other (specify)	5d- _____	5d- _____	5d- _____	5d- _____	5d- _____	5d- _____	5d- _____	5d- _____
<b>Piping Connectors &amp; Valves (Mark all that apply)</b>								
6-Shear/Impact Valves (under dispenser)	6-N/A	6-N/A	6-N/A	6-N/A	6-N/A	6-N/A	6-N/A	6-N/A
7-Steel swing-joints (at ends of piping)	7-N/A	7-N/A	7-N/A	7-N/A	7-N/A	7-N/A	7-N/A	7-N/A
8-Flexible connectors (at ends of piping)	8-N/A	8-N/A	8-N/A	8-N/A	8-N/A	8-N/A	8-N/A	8-N/A

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**12. UST SYSTEM TECHNICAL INFORMATION - continued from page 4**

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

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

For Self-Certification Annual Renewal, **Sections 1, 2, 3, 4, 7, 8, & 10** 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, 9** must be completed and **Sections 6, 10, 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](http://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.**