

Application for Registration as an LPST Corrective Action Specialist

TCEQ-00531



**TEXAS
COMMISSION ON
ENVIRONMENTAL
QUALITY**

**OPERATOR LICENSING SECTION, MC 178
PERMITTING & REGISTRATION SUPPORT DIVISION**

**P.O. Box 13088
Austin, TX 78711-3088
(512) 239-6133**

INSTRUCTIONS

PERTINENT INFORMATION

The Texas Commission on Environmental Quality (TCEQ) is allowed 45 days to evaluate a properly completed application. Be sure that the entire form has been filled out completely and accurately. Any incomplete or omitted information may delay the processing of the application. The form should be completed by either typing or printing legibly in black ink. All attachments to the application should be securely attached and should include the applicant's name.

SECTION A - APPLICANT (business) INFORMATION:

1. The applicant's name should reflect the official company or business name, as shown on the applicant's federal or state taxpayer identification form. Any difference in the applicant's name, as shown on the taxpayer identification form, and as shown on this application, should be explained in Section D.
2. through 12. Self explanatory.
13. Federal Taxpayer ID No. will be used solely for the purposes of determining changes in ownership of this business. A certificate of Registration for Corrective Action Specialist is non-transferable.
14. through 16. Self explanatory.
17. Indicate the business type (category) into which the applicant falls. For incorporated businesses, indicate the state in which the corporate charter was filed, any appropriate charter identification information, and the year of incorporation.
18. List all branch offices (and the name and telephone number of the branch office authorized representative) which operate under the same business name, and will be operating under the requested certificate. **Branch offices which operate under a different business name (different tax ID number) must apply for a separate certificate of registration.**

SECTION B - GENERAL INFORMATION:

1. State the length of time that the applicant has operated this business. (Describe in Section D of the application, any changes in business ownership or business name within the last two years.)
2. State the type of corrective action activities normally performed by the applicant. These include, but are not necessarily limited to, corrective action activities performed at leaking petroleum storage tank (LPST) sites, Resource Conservation and Recovery Act (RCRA) sites, Oil Spill Prevention and Response Act (OSPPRA) sites, Texas Water Code Chapter 26 sites, or any "other" corrective action activities conducted under the auspices of the TCEQ, the Texas General Land Office, the Texas Railroad Commission or the U.S. Environmental Protection Agency. If "other" is indicated, please explain.
3. through 4. Self explanatory.

SECTION C - ATTACHMENTS

1. **Fees** - Check or money order in the amount of \$232 should be made payable to "Texas Commission on Environmental Quality."
2. The applicant **must provide an insurance certificate** (original, copy not acceptable) showing general liability coverage for corrective action services in the amount of not less than one million dollars (\$1,000,000). The coverage must be of a type approved by the executive director and **the certificate must designate The Texas Commission on Environmental Quality - Permitting & Registration Support Division as the certificate holder.** Other insurance coverage, such as environmental pollution or worker's compensation, is not acceptable.
3. The applicant **must provide a current** (not more than 12 months old) **financial statement** (balance sheet) demonstrating that the applicant's net worth is not less than twenty five thousand dollars (\$25,000). This financial statement must be prepared in conformity with accounting principles as defined by the American Institute of Public Accountants, and must be signed by the applicant's authorized representative.
4. The applicant **must provide sworn statements, on TCEQ forms, from at least three different clients/companies**, not related to the applicant by blood or marriage, who have engaged the applicant with the **immediately preceding 24 months** to perform corrective action services.

SECTION D - ADDITIONAL INFORMATION:

Use the space provided for any additional information relevant to this application.

SECTION E - AFFIRMATION:

The authorized representative must sign and date the application certifying that all information and attachments are true and correct.

Continued on back

CLIENT REFERENCE FORMS
(Please review the rules before filling out this section.)

SECTION II. CLIENT INFORMATION

- a) It is preferred that the three jobs provided are from different clients/companies. If for some reason this request cannot be met, please provide a cover letter of explanation, and other alternatives will be explored.

SECTION III. CLIENT'S EVALUATION OF CORRECTIVE ACTION PERFORMED BY APPLICANT

- a) For the client's convenience, please type in all information except for E, F, G, and H. If the client agrees with the provided information, obtain a signature of approval.
- b) When filling out the description of work performed, please give a detailed description of the corrective action services provided as defined in the rules.

USE SEPARATE ATTACHED SHEETS IF SPACE IN ANY SECTION OF ANY FORM IS INSUFFICIENT. PLEASE CODE ANY INFORMATION ON ATTACHED SHEETS BY STATING TO WHICH FORM (AND WHICH SECTION NO. ON THE FORM) THE INFORMATION APPLIES.

MAKE SURE THAT THE ENTIRE APPLICATION IS COMPLETE AND THAT ALL REQUIRED ATTACHMENTS ARE ENCLOSED. KEEP A PHOTOCOPY OF ALL DOCUMENTS FOR YOUR FILES. SEND ONLY ORIGINALS TO THE TCEQ.

⇒ **IMPORTANT THINGS TO REMEMBER** ⇐

1. Everything must possess an original signature; **copies and faxes will not be accepted.**
2. If duplicating the application, only good clear legible copies of the original TCEQ form will be acceptable. Replications, such as computerized versions of the application, will not be accepted.
3. Mail all application materials and fees under one cover to the following address:

**Operator Licensing Section, MC 178
Permitting & Registration Support Division
Texas Commission on Environmental Quality
P.O. Box 13088
Austin, TX 78711-3088
(512) 239-6133**

TCEQ rules are available from a number of public sources. The Texas Register is the official source for the rules of state agencies. For detailed information, refer to Obtaining TCEQ Rules (GI-032) available from the TCEQ Publications Unit.

**TCEQ Publications, MC 118
P.O. Box 13087
Austin, TX 78711-3087

Phone: 512-239-0028
Fax: 512-239-4488**

**Texas Register
P.O. Box 13824
Austin, TX 78711-3824**

Phones: 512-463-5561 or 1-800-226-7199

Access to the TCEQ agency rules is available online at:
<<http://www.tceq.state.tx.us/rules>>

Both the Texas Register and the Texas Administrative Code are available on the Secretary of State's web site at:
<<http://www.sos.state.tx.us/texreg/>>



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**APPLICATION FOR CERTIFICATE OF REGISTRATION
AS AN LPST CORRECTIVE ACTION SPECIALIST**

Please type or print neatly in ink.

A. APPLICANT INFORMATION:

Business Name 1)		Business Telephone Primary () 2) Alternate ()		
Mailing Address (i.e., P.O. Box/Drawer) 3)	City 4)	County 5)	State (abbrev.) 6)	Zip 7)
Permanent Physical Address 8)	City 9)	County 10)	State (abbrev.) 11)	Zip 12)
Federal Taxpayer ID No. 13)	Name of Authorized Representative 14) Title of Authorized Representative 15)		Telephone Number of Authorized Representative 16)	

Type of Business (check one):

17) Sole Proprietor Partnership Corporation* Other (specify) _____
*State and year incorporated (for Corporations only): State _____ Year _____

18) List any branch offices which will use the same company name and same certificate of registration.

	Physical address	City	County	State Abbrev.	Zip Code	Area Code	Telephone Number
a)	_____	_____	_____	_____	_____	()	_____
	Authorized Representative	Title					()
b)	_____	_____	_____	_____	_____	()	_____
	Authorized Representative	Title					()
c)	_____	_____	_____	_____	_____	()	_____
	Authorized Representative	Title					()

IF MORE SPACE IS NEEDED, PLEASE INCLUDE ADDITIONAL INFORMATION IN SECTION D OF THIS FORM.

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TCEQ CORRECTIVE ACTION REFERENCE FORM LPST CORRECTIVE ACTION SPECIALIST

INSTRUCTIONS FOR PERSON COMPLETING THIS REFERENCE STATEMENT

The rules of The Texas Commission on Environmental Quality (TCEQ) (30 TAC Chapter 334, Subchapter J) require that an applicant seeking registration as an LPST Corrective Action Specialist submit sworn statements from three different clients/companies, not related by blood or marriage, for whom the applicant performed corrective action services **within the immediately preceding 24 months. Please limit each reference to one specific job done within one specific time period. Please also give the specific physical address of the job site.** (If no physical address exists, state directions to the job site from a point, such as an intersection, easily found on a highway map.) Be sure that the entire form has been filled out completely and accurately. Any incomplete or omitted information may delay the processing of the application. The form should be completed legibly and **signed in blue ink.**

SECTION I - BUSINESS NAME OF APPLICANT

Name of Business/Company applying for registration
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SECTION II - CLIENT INFORMATION (customer for whom the work was done)

Client Representative (name of person completing form): a)		Title of Client Representative	
Business Name: b)		Business Telephone ()	
Job-Site Address (street or physical location) c)	City	State (abbrev.)	Zip

SECTION III - CLIENT'S EVALUATION OF CORRECTIVE ACTION PERFORMED BY APPLICANT (Please reference one specific job done during one specific time period.)

A. Show the project dates that the applicant participated in the corrective action activity.

From _____, 19____ To _____, 19____.

B. Which of the following corrective action activities were performed by the applicant on the above dates?

LPST RCRA OSPRA CERCLA Chap. 26, TX WATER CODE

C. What type of corrective action service was done?

Engineering Geology Hydrogeology Other (explain) _____

D. Please provide a detailed description of corrective action services (Phase II activities) performed by the applicant: _____

- E. Generally, was the activity completed to your satisfaction? Yes No If no, explain in Section IV.
- F. Would you employ the applicant again for corrective action or other activities? Yes No If no, explain in Section IV.
- G. Would you recommend (or have you recommended) the applicant for corrective action activities to your business associates or colleagues? Yes No If no, explain in Section IV.
- H. Please indicate your general assessment of the applicant in the following categories:

Quality of Performance	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Uncertain
Business Integrity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Uncertain

SECTION IV - ADDITIONAL INFORMATION (Identify applicable section number)

SECTION V - SIGNATURE

I, _____, do hereby attest that the above statements and information are true and correct to
Print or type name
 the best of my belief and knowledge.

Signature _____ Date _____
(Blue Ink Please)



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