

For TCEQ use only: IHW REG/ _____ /CO/ _____ /INITIAL-UPDATE

Solid Waste Registration # (required for all updates): _____ **Effective Date:** _____

Site Name: _____

Part B: Owner/Operator Information (for the site being registered)

Submission Reason: New Update

**(Items marked with * are required for all new notifications.)*

14. Customer Number: CN _____	
15. Owner/Operator Name:* _____ (List the legal business name as filed with the Secretary of State's office or Comptroller of Public Accounts.)	
16. Check this box if a different legal entity than the site owner operates this site. Indicate the owner information below, and fill out the operator addendum in Part H.	
17. Type of Customer:*	
Corporation	State Government
Individual	Other Government
City Government	General Partnership
County Government	Limited Partnership
Federal Government	Other: _____
Tax Information: (Do not provide Social Security numbers below.)	
18. Federal Tax ID: _____	
19. TX State Tax ID: _____	
20. Texas SOS/CPA Filing Number:* _____	
21. Mailing Address:* _____	
22. City:* _____	
23. State:* _____	24. Zip+4:* _____ - _____
25. Telephone:* _____	26. Fax: _____
27. Email: _____	

Solid Waste Registration # (required for all updates): _____ **Effective Date:** _____

Site Name: _____

Part C: Contact Information (for the site being registered)

Submission Reason: New Update

**(Items marked with * are required for all new notifications.)*

Primary Site Contact*

28. First Name:* _____

29. Last Name:* _____

30. Title:* _____

31. Company Name:* _____

32. Mailing Address:* _____

33. City:* _____

34. State:* _____ 35. Zip+4:* _____ - _____

36. Telephone:* _____ 37. Fax: _____

38. Email: _____

Billing Contact* (The billing contact can be an individual or company name.)

Same as primary site contact OR registering as a transporter (go to Part D)

39. First Name: _____

40. Last Name: _____

41. Title: _____

42. Company Name:* _____
(The billing contact company name should match either #15 or #100.)

43. Mailing Address:* _____

44. City:* _____

45. State:* _____ 46. Zip+4:* _____ - _____

47. Telephone:* _____ 48. Fax: _____

49. Email: _____

Solid Waste Registration # (required for all updates): _____ **Effective Date:** _____

Site Name: _____

Part D: Waste Activities (for the site being registered)

Submission Reason: New Update

**(Items marked with * are required for all new notifications)*

Site Land Type: (from #13)

Private	Federal	State
County	Tribal	Other:
District	Municipal	_____

50. Registration Type:* (check all that apply)
 Generator (go to #51-53)
 Transporter (go to #54-56)
 Transfer Facility (must either indicate transporter above or have a solid waste registration as a transporter at another location.)
 Reverse Distributor
 Receiver (may require an industrial and hazardous waste permit)
 Recycler (may require an industrial and hazardous waste permit)

Generator Activities: (#51-53 required for all generators)

51. Generator Type: Industrial Non-industrial (go to #53)

52. Industrial Class 1 Generator: greater than or equal to 220 lbs. of Class 1 industrial waste per month. Y N

53. Hazardous Waste Generator Category: (check one, if applicable)

Large Quantity Generator (LQG): Greater than or equal to 2,200 lbs. of non-acute hazardous waste or greater than 2.2 lbs. acute hazardous waste per month.

Check here and fill out Part I if the site is an LQG that will consolidate VSQG waste.

Small Quantity Generator (SQG): Greater than 220 lbs. of non-acute hazardous waste but less than 2,200 lbs. of non-acute hazardous waste per month and less than or equal 2.2 lbs. acute hazardous waste per month.

Very Small Quantity Generator (VSQG): Greater than 0 but less than or equal to 220 lbs. of non-acute hazardous waste per month and 2.2 lbs. acute hazardous waste per month.

If you check "Non-industrial" in #51 and VSQG in #53 or "N" in #52 and nothing or VSQG in #53, then your site does not need to obtain a solid waste registration or permanent EPA ID. See the [instructions](#) for information about obtaining an EPA ID.

Transporter Activities: (#54-56 required for all transporters)

54. Waste Types Transported: Hazardous Industrial Class 1

55. Do you transport the wastes listed above for hire (on behalf of other generators)? Y N

56. Are any of the transported wastes generated at your facility? Y N

Solid Waste Registration # (required for all updates): _____ **Effective Date:** _____

Site Name: _____

Part D: Waste Activities (for the site being registered, continued)

Submission Reason: New Update

**(Items marked with * are required for all new notifications)*

Other hazardous waste activities: (Check all that apply)

Universal Waste:	
57.	Large Quantity Handler of Universal Waste. (accumulates 5,000 KG or more of universal waste at any one time.) Indicate waste types below: Batteries Pesticides Mercury Paint Lamps Aerosol cans
58.	Destination Facility (A permit is required for this activity.)
59.	United States Importer of Hazardous Waste
60.	Recognized Trader: Importer Exporter
61.	Importer Exporter of spent lead-acid batteries
62.	Healthcare facility operating under 30 TAC Chapter 335 Subchapter W
63.	Eligible academic entity opting into or currently operating under 40 CFR 262 Subpart K as adopted under 30 TAC 335.59. If checked, indicate one type of eligible academic entity below: College or University Teaching Hospital owned by or with a formal written affiliation with a college/university Non-profit institute owned by or with a formal written affiliation with a college/university

Solid Waste Registration # (required for all updates): _____ **Effective Date:** _____

Site Name: _____

Part E: Waste Management Units (located at the site being registered)

Submission Reason: New Update

**(Items marked with * are required for all new notifications)*

Note: This form is for **non-permitted waste management units only** that require registration. See the information at the bottom of the page for updates to permitted waste management units.

64. Unit Sequence Number:* _____ 65. Unit Type Code:*(see [Appendix B](#)) _____

66. Unit Description:* _____

67. Unit Regulatory Status:*

- 13- RCRA permit exempt- accumulation time
(Small Quantity and Very Small Quantity Generators only)
- 03- RCRA permit exempt <90-day storage (Large Quantity Generators only)
- 05- Non-hazardous regulated (industrial Class 1, 2, or 3 wastes only)
- 08- RCRA permit exempt- wastewater treatment
- 09- RCRA permit exempt- totally enclosed treatment
- 10- RCRA permit exempt- other
- 11- RCRA permit exempt- recycling unit
- 14- UIC registration

68. System Type Code:*(see [Appendix C](#)) H _____

69. Texas Waste Codes for wastes generated on-site and managed in this WMU:*

Updates to permitted waste management units require a permit modification. For more information about permit modifications, visit https://www.tceq.texas.gov/permitting/waste_permits/ihw_permits/ihw.html#permitted or contact the IHW Permits Section at 512-239-2335 or ihwper@tceq.texas.gov.

Solid Waste Registration # (required for all updates): _____ **Effective Date:** _____

Site Name: _____

Part G: Certification (Must be included with all submissions; items marked with * are required.)

84. *Contact the _____ Preparer _____ Authorized Signer with any questions regarding this submission.

Preparer Information:*

85. Name:* _____

86. Title: _____

87. Company:* _____

88. Telephone:* _____ 89. Fax: _____

90. Email: _____

Authorized Signer:

By my signature below, I certify, to the best of my knowledge, that the information provided in this form is complete and accurate. I understand that the registration on listed on this form will be updated with the information provided herein. I also certify that I have signature authority to submit this form on behalf of the entity listed as the "Site Name".

91. Same as preparer information in #85-90 (go to #98)

92. Name: _____

93. Title: _____

94. Company: _____

95. Telephone: _____ 96. Fax: _____

97. Email: _____

98. Signature:* _____

Mail completed form to:
Texas Commission on Environmental Quality
Registration and Reporting Section MC-129
PO Box 13087
Austin, TX 78711-3087

Use the following address for any submissions sent via overnight services:
Texas Commission on Environmental Quality
Registration and Reporting Section MC-129
12100 Park 35 Circle Bldg D
Austin, TX 78753

For initial registrations, submit forms with original signatures via one of the addresses above. **Updates only** may be faxed to (512) 239-6410. Initial registrations submitted by fax will be returned to the sender.

For any questions about filling out this form not covered in the [instructions](#), or for information about the Industrial and Hazardous Waste Program, contact us at (512) 239-6413 or wasteval@tceq.texas.gov.

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 TCEQ at 512-239-3282.

Solid Waste Registration # (required for all updates): _____ **Effective Date:** _____

Site Name: _____

Part H: (To be filled out only if #16 is checked) Operator Addendum

Submission Reason: New Update

**(Items marked with * are required for all new notifications)*

99. Customer Number: CN _____

100. Operator Name:* _____

(List the legal business name as filed with the Secretary of State's office or Comptroller of Public Accounts.)

101. Type of Customer:*	
Corporation	State Government
Individual	Other Government
City Government	General Partnership
County Government	Limited Partnership
Federal Government	Other: _____

Tax Information: (Do not provide Social Security numbers below.)

102. Federal Tax ID: _____

103. TX State Tax ID: _____

104. Texas SOS/CPA Filing Number:* _____

105. Mailing Address:* _____

106. City:* _____

107. State:* _____ 108. Zip+4:* _____ - _____

109. Telephone:* _____ 110. Fax: _____

111. Email: _____

