

Instructions for TCEQ Form (DRAFT); Low RVP Gasoline Company Registration

Complete the form indicating the activities (refiner or importer) your company will be engaged in under the Texas Regional Low RVP Gasoline Program. Please type (best results are obtained from standard typefaces such as 10 or 12-pitch Courier) or print information using a dark-colored ink. **Use all capital letters and enter one character in each box, without touching the lines that separate boxes.** If using a photocopied version of the form, please ensure the copy is clean and has been copied to 100% of the original page size.

- 1.0 **Registration Type**: Shade or "X" only one. Indicate whether this is the first time this company has been registered (original) for the Texas Regional Low RVP Gasoline Program or if this is an update of a previously submitted registration.
- 2.1 **Company ID #**: TCEQ-assigned four-digit ID. Leave blank for original registrations.
- 2.2 **Company Name** : Company's legal name (up to 30 characters).
- 2.3 **Business Address**: Enter the address of the company office primarily responsible for managing compliance with TCEQ's Regional Low RVP Gasoline regulations.
- 2.4-2.6 **City, State, Zip**: Enter the city, state and Zip code of the business address. If the 9-digit Zip code is not known enter the 5-digit Zip code, leaving the last four positions to the right blank.
- 2.7 **Contact Name** : The person TCEQ should contact if there are questions concerning this registration.
- 2.8 **Business Title**: Title of the contact person identified in item 2.7.
- 2.9-2.10 **Telephone #, Ext** : Telephone number, including area code (between parentheses) and extension, of the contact person.
- 2.11 **Fax #** : Facsimile number, including area code, for the contact person.
- 2.12 **Business Activity**: Shade or "X" only one. This indicates which activities (producer or importer) the company will be participating in.
- 3.1 **Name of Responsible Corporate Officer or Business Owner**: The business owner, an officer of the corporation, or a person delegated authority in writing by the business owner or an officer of the corporation to sign this registration. This person should be knowledgeable about the requirements of the Texas Regional Low RVP Gasoline Program and hold a position of authority.
- 3.2 **Business Title** : Title of the responsible corporate officer or business owner.
- 3.3 **Date** : Date upon which the registration form was signed. Use the format MM/DD/YYYY.
- 3.4 **Signature** : The form must be signed by the responsible corporate officer or business owner to constitute a valid registration.

Mail your completed registration form to:

**TCEQ
MC-164
PO BOX 13087
AUSTIN, TX 78711-3087**

Instructions for TCEQ Form (DRAFT); Low RVP Gasoline Facility Registration


Complete the form for each facility (refinery and import facility) affected under the Texas Regional Low RVP Gasoline Program. Please type (best results are obtained from standard typefaces such as 10 or 12-pitch Courier) or print information using a dark-colored ink. **Use all capital letters and enter one character in each box, without touching the lines that separate boxes.** If using a photocopied version of the form, please ensure the copy is clean and has been copied to 100% of the original page size.

- 1.0 **Registration Type**: Shade or "X" only one. Indicate whether this is the first time this facility has been registered (original) with the TCEQ for the Texas Regional Low RVP Gasoline Program or if this is an update of a previously submitted registration.
- 2.1 **Company ID #**: TCEQ-assigned four-digit Company ID. Leave blank for original registrations.
- 2.2 **Company Name** : Company's legal name (up to 30 characters).
- 3.1 **Facility ID#**: TCEQ-assigned five-digit ID. Leave blank for original registrations.
- 3.2 **Facility Name**: Facility's legal name, or if no legal name, the common name (up to 30 characters).
- 3.3 **Facility Address** : The address of the facility. This must be a physical street address for the facility and not a P.O. box.
- 3.4-3.6 **City, State, Zip**: The city, state and Zip code of the facility address. If the 9-digit Zip code is not known enter the 5-digit Zip code, leaving the last four positions to the right blank
- 3.7 **Contact Name**: The person TCEQ should contact if there are questions concerning this registration as well as records, if records relevant to the Texas Regional Low RVP Gasoline Program are stored on-site (see item 4.0).
- 3.8 **Business Title** : Title of the contact person identified in item 3.7.
- 3.9-3.10 **Telephone, # Ext.**: Telephone number, including area code (between parentheses) and extension, of the facility contact person.
- 3.11 **Fax#**: Facsimile number, including area code, for the facility contact person.
- 3.12 **Facility Type** : Shade or "X" only one. This indicates whether the facility is or will be acting as a refinery or import facility. **A separate registration must be filed for each facility type.**
- 4.1 **Name of Responsible Corporate Officer or Business Owner**: The business owner, an officer of the corporation, or a person delegated authority in writing by the business owner or an officer of the corporation to sign this registration. This person should be knowledgeable about the requirements of the Texas Regional Low RVP Gasoline Program and hold a position of authority.
- 4.2 **Business Title**: Title of the responsible corporate officer or business owner.
- 4.3 **Date**: Date upon which the registration form was signed. Use the format MM/DD/YYYY.
- 4.4 **Signature**: The form must be signed by the responsible corporate officer or business owner to constitute a valid registration.

Mail your completed registration form to:

**TCEQ
MC-164
PO BOX 13087
Austin, TX 78711-3087**

Instructions for TCEQ Form (DRAFT); Low RVP Gasoline Facility Registration

	<p>TEXAS REGIONAL LOW REID VAPOR PRESSURE (RVP) GASOLINE PROGRAM REPORTING FORM</p>
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Please fill out, sign and return this Low RVP Gasoline Program Reporting Form to Ms. Lois M. Harris-Washington, Texas Commission on Environmental Quality, MC-164, P.O. Box 13087, Austin, TX 78711-3087. If you have any questions or need assistance filling out this form, please call (512) 239-0236 or (512) 239-1438.

PLEASE PRINT OR TYPE ALL INFORMATION

COMPANY NAME: _____ **COMPANY ID#:** _____

TIME PERIOD	GALLONS OF GASOLINE SUPPLIED	GALLONS OF METHYL TERTIARY BUTYL ETHER (MTBE) SUPPLIED
MAY 1, 2005 - OCTOBER 1, 2005		

CERTIFICATION

(Must be signed by owner or designated representative. Please check applicable has/has not box within the certification statement.)

I certify that the information supplied on this form is true and accurate to the best of my knowledge. The use of MTBE in gasoline supplied to the affected counties from May 1, 2005 through October 1, 2005 *has** / *has not* increased on an average per gallon basis over the period of May 1 through October 1, 1998 to conform with the Texas Regional Low RVP Gasoline Program requirements.

SIGNATURE: _____ **DATE:** _____

Please print name and title: _____

E-MAIL ADDRESS: _____

It is an offense to falsify a government document, punishable as a Class A misdemeanor up to a second degree felony, Texas Penal Code, Section 37.10 (1997).

* If the average per gallon use of MTBE has increased from May 1 through October 1, 2004, you must document the basis for the increase and provide a sufficient explanation to demonstrate that your organization did not increase the use of MTBE during this period to conform with the Texas Regional Low RVP Gasoline Program requirements. If you need additional space, please use attachments as necessary.