

Texas Commission on Environmental Quality
Form OP-CRO2 - Instructions
Change of Responsible Official Information

General:

Title 30 Texas Administrative Code § 122.165 (30 TAC § 122.165) (relating to “Certification by a Responsible Official”) states that the Texas Commission on Environmental Quality (TCEQ) shall be notified of any appointment of a new Responsible Official (RO). Notification of appointments of new Designated Representatives (DR) and/or Alternate Designated Representatives (ADR) is also required. A revised U.S. Environmental Agency (EPA) form (Certificate of Representation) must also be submitted to EPA, and a copy submitted to the TCEQ, for changes of DR and/or ADR. In order to maintain accurate records regarding applications and permits, the TCEQ requires that administrative information changes (e.g., address, phone number, or title) for the RO, DR, or ADR also be reported. This form satisfies the requirements for these notifications. See the TCEQ guidance document “Federal Operating Permit Application” for more details.

During the course of an application review, change notifications should be included in the next submittal to the TCEQ regarding the permit. Please notify the TCEQ in advance of changes. Also, note that information changes pertaining to only one type of contact may be submitted per form. If the change(s) applies to more than one individual, submit separate forms for each. *After the initial submittal, if there is a new Duly Authorized Representative (DAR) appointment or an administrative information change (e.g., address, phone number, or title) regarding the DAR, include a revised Form OP-DEL (Delegation of Responsible Official) with the next submittal to the TCEQ.*

This form must be submitted to the TCEQ Central Office to the attention of the Air Permits Division at the address below. A copy of the form must also be submitted to the appropriate TCEQ Regional Office.

This form must bear the signature of the RO, DR, or ADR. Signature stamps can be accepted in place of an original signature. Faxes and photocopies can be accepted in place of an original Form OP-CRO2; however, a follow-up submittal of the original Form OP-CRO2 is requested. **The Signature Date will be used to validate the signature authority of the RO, DR, or ADR, and must be on or after the effective date of the RO, DR, or ADR certifying to the change.** An RO, DR, or ADR cannot certify information unless the RO, DR, or ADR has signature authority. The effective date of the RO, DR, or ADR certifying to the change will be based on one of the following:

1. the date the initial application was submitted, if the name of the RO certifying to the change was included in the initial application submittal on Form OP-1 (Site Information Summary); or
2. the date the initial EPA Form 7610-1 (Certificate of Representation) was signed, if the name of the DR or ADR certifying to the change was included in the initial submittal of EPA Form 7610-1; or
3. the Appointment Effective Date on Form OP-CRO2, if the RO, DR, or ADR certifying to the change is not the original RO, DR, or ADR included in the initial Form OP-1 or EPA Form 7610-1, and the RO, DR, or ADR was changed via Form OP-CRO2.

The TCEQ also requires that a Core Data Form be submitted on all incoming registrations unless **all** of the following are met: the Regulated Entity Number (RN) and Customer Reference Numbers (CN) have been issued by the TCEQ and no core data information has changed. The Central Registry is a common record area of the TCEQ which maintains information about TCEQ customers and regulated activities, such as company names, addresses, and telephone numbers. This information is commonly referred as “core data.” The Central Registry provides the regulated community with a central access point within the agency to check core data and make changes when necessary. When core data about a facility is moved to the Central Registry, two new identification numbers are assigned: the CN and the RN. The Core Data Form is required if facility records are not yet part of the Central Registry or if core data for a facility has changed. If this is the initial registration, permit, or license for a facility site, then the Core Data Form must be completed and submitted

with application or registration forms. If amending, modifying, or otherwise updating an existing record for a facility site, the Core Data Form is not required, unless any core data information has changed. To review additional information regarding the Central Registry, go to the TCEQ Web site at, www.tceq.texas.gov/permitting/central_registry/guidance.html.

Who	Where	What
Air Permits Division, TCEQ	Regular, Certified, Priority Mail: Mail Code 163, P.O. Box 13087, Austin, Texas 78711-3087 OR Hand Delivery, Overnight Mail: Mail Code 163, 12100 Park 35 Circle, Building C, Third Floor, Reception Austin, Texas 78753	TCEQ Core Data Form signed by the Responsible Official or Duly Authorized Representative; or the TCEQ Core Data Form and Form OP-CRO1
Electronic Web Based Forms	www.tceq.texas.gov/publications/search_forms.html	TCEQ Web site
Appropriate TCEQ Regional Office	Appropriate TCEQ Regional Office addresses can be obtained using the search feature on the TCEQ Web site at www.tceq.texas.gov or you can call (512) 239-1250	Copy of TCEQ Core Data Form signed by the Responsible Official or Duly Authorized Representative; or copies of TCEQ Core Data Form and Form OP-CRO1

Specific:

I. Identifying Information

- **Account No.:** Enter the primary TCEQ account number for the site if issued (XX-XXXX-).
Note: Please use these instructions when completing Section V, if applicable.
- **RN:** Enter the regulated entity reference number (RN) for the site if issued. This number is issued by the TCEQ as part of the central registry process. If an RN has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc. in this space. (maximum 11 characters; RNXXXXXXXXXX)
Note: Please use these instructions when completing Section V, if applicable.
- **CN:** Enter the Customer Reference Number (CN) if issued. This number is issued by the TCEQ as part of the central registry process. If a CN has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc. in this space (maximum 11 characters; CNXXXXXXXXXX).

Note: Please use these instructions when completing Section V, if applicable.

- **Permit No.:** Enter the operating permit number, if known (O-XXXXX). If this is an initial application submittal for an SOP, a TOP, or a GOP, the permit number will be assigned upon receipt by the TCEQ. In this case, enter “TBA” for “to be assigned.” The permit number will appear on all correspondence from the TCEQ regarding a specific application or group of applications. The applicant may contact the permit review engineer for assistance.

Note: Please use these instructions when completing Section V, if applicable.

- **Area Name:** Enter the area name used on Form OP-1 (Site Information Summary) of the initial application. If there is only one permit at the site, the area name is the same as the site name (maximum 50 characters).*Note: Please use these instructions when completing Section V if applicable.*
- **Company Name:** Enter the name of the company, corporation, organization, individual, etc. applying for or holding the referenced permit (maximum 50 characters).

Note: Please use these instructions when completing Section V if applicable.

II. Change Types

- **Action Type:** Indicate the type of action, “New Appointment” (of the RO, DR, or ADR) or “Administrative Information Change,” by placing an “X” in the appropriate box.
- **Contact Type:** Indicate one of the following options for the type of appointment or the role of the individual whose information is being changed or updated by placing an “X” in the appropriate box. Only one response can be accepted per form. If the change(s) applies to more than one individual, submit separate forms for each.

Responsible Official

Designated Representative (*Acid Rain Program and/or CSAPR sources only*)

Alternate Designated Representative (*Acid Rain Program and/or CSAPR sources only*)

Note: The DAR appointments and information changes are submitted on Form OP-DEL (see “General”).

III. Responsible Official/Designated Representative/Alternate Designated Representative Information

- **Conventional Title:** Place an “X” next to the appropriate conventional title (Mr. /Mrs. /Ms. /Dr.).
- **Name:** For submittals with an “Action Type” designation of “NEW APPOINTMENT,” enter the name of the new RO, DR, or ADR. For submittals with an “Action Type” designation of “ADMINISTRATIVE INFORMATION CHANGE,” enter the name of the current RO, DR, or ADR, incorporating any necessary changes (maximum 25 characters).
- **Title:** For submittals with an “Action Type” designation of “NEW APPOINTMENT,” enter the title of the new RO, DR, or ADR. For submittals with an “Action Type” designation of “ADMINISTRATIVE INFORMATION CHANGE,” enter the title of the current RO, DR, or ADR, incorporating any necessary changes (maximum 25 characters).
- **Appointment Effective Date:** For submittals with an “Action Type” designation of “NEW APPOINTMENT”, enter the date that the appointment of the new RO, DR, or ADR became or will become effective (*MM/DD/YYYY*).
For submittals with an “Action Type” designation of “ADMINISTRATIVE INFORMATION CHANGE,” leave the Appointment Effective Date blank. The signature date in Section IV will become the effective date of the information change(s).
- **Telephone Number:** For submittals with an “Action Type” designation of “NEW APPOINTMENT,” enter the telephone number with the area code of the new RO, DR, or ADR. For submittals with an “Action Type”

designation of “ADMINISTRATIVE INFORMATION CHANGE,” enter the telephone number of the current RO, DR, or ADR, if changed. If the telephone number is unchanged, leave the space blank.

- **Fax Number:** For submittals with an “Action Type” designation of “NEW APPOINTMENT,” enter the fax number with the area code of the new RO, DR, or ADR. For submittals with an “Action Type” designation of “ADMINISTRATIVE INFORMATION CHANGE,” enter the fax number of the current RO, DR, or ADR, if changed. If the fax number is unchanged, leave the space blank.
- **Company Name:** For submittals with an “Action Type” designation of “NEW APPOINTMENT,” enter the company name for the new RO, DR, or ADR. For submittals with an “Action Type” designation of “ADMINISTRATIVE INFORMATION CHANGE,” enter the company name of the current RO, DR, or ADR, if changed. If the company name is unchanged, leave the space blank (maximum 50 characters).
- **Mailing Address:** For submittals with an “Action Type” designation of “NEW APPOINTMENT,” enter the mailing address for the new RO, DR, or ADR, including city, state, and ZIP Code. For submittals with an “Action Type” designation of “ADMINISTRATIVE INFORMATION CHANGE,” enter the city, state, and ZIP Code of the mailing address for the current RO, DR, or ADR, if changed. If any portion of the mailing address is unchanged, leave the corresponding space blank (address maximum - 50 characters; city maximum - 25 characters).
- **E-mail Address:** For submittals with an “Action Type” designation of “New Appointment,” enter the e-mail address for the new RO, DR, or ADR. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the e-mail address for the current RO, DR, or ADR, if changed. If the email address is unchanged, leave the space blank (e-mail address - maximum 50 characters).

IV. Certification of Truth, Accuracy, and Completeness

For submittals with an “Action Type” designation of “NEW APPOINTMENT,” enter the information of the new RO, DR, or ADR. For submittals with an “Action Type” designation of “ADMINISTRATIVE CHANGE,” enter the information for the current RO, DR, or ADR.

Certifier Name: Print or type the name of the RO, DR, or ADR (maximum 25 characters).

Signature: Affix the signature of the RO, DR, or ADR.

Signature Date: Enter the date this form was signed by the RO, DR, or ADR (MM/DD/YYYY).

Note: The Signature Date will be used to validate the signature authority of the RO, DR, or ADR, and must be on or after the effective date of the RO, DR, or ADR certifying to the change. See the “General” section for information regarding the effective date of an RO, DR, or ADR.

Extension Page:

V. Additional Identifying Information

Complete this table only if this certification form is being used to certify information on multiple application areas or sites for which the RO, DAR, DR, or ADR has signature authority. Please see the instructions in Section I of this form for completing the identifying information.

Note: Please include Federal Operating Permit Numbers only. New Source Review Permit Numbers should not be included on this form.

Form OP-CRO2
Change of Responsible Official Information
Federal Operating Permit Program

The Texas Commission on Environmental Quality (TCEQ) shall be notified of a new appointment or administrative information change (e.g., address, phone number, title) for a Responsible Official (RO), Designated Representative (DR), or Alternate Designated Representative (ADR) in the next submittal. **Send this completed form to the TCEQ Central Office to the attention of the Air Permits Division.** This form satisfies the requirements for notification (a revised Certificate of Representation must also be submitted to the U.S. Environmental Protection agency for changes in the DR and ADR). *After the initial submittal, if there is a change of Duly Authorized Representative (DAR) appointment or administrative information changes for the DAR, include a revised Form OP-DEL (Delegation of Responsible Official) with the next submittal to the TCEQ.*

I. Identifying Information		
Account No.:	RN:	CN:
Permit No.:	Area Name:	
Company Name:		
II. Change Type		
Action Type:	<input type="checkbox"/> New Appointment	<input type="checkbox"/> Administrative Information Change
Contact Type (<i>only one response can be accepted per form</i>):		
<input type="checkbox"/> Responsible Official	<input type="checkbox"/> Designated Representative	<input type="checkbox"/> Alternate Designated Representative
III. Responsible Official/Designated Representative/Alternate Designated Representative Information		
Conventional Title: (<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)		
Name:		
Title:	Appointment Effective Date:	
Telephone No.:	Fax No.:	
Company Name:		
Mailing Address:		
City:	State:	ZIP Code:
E-mail Address:		
IV. Certification of Truth, Accuracy, and Completeness		
This certification does not extend to information, which is designated by the TCEQ as information for reference only.		
I, _____, certify that, based on information <div style="text-align: center;"><i>(Name printed or typed)</i></div> and belief formed after Reasonable inquiry, the statements and information stated above are true, accurate, and complete.		
Signature: _____		Signature Date: _____

Form OP-CRO2
Change of Responsible Official (Extension)
Federal Operating Permit Program

V. Additional Identifying Information		
Account No.:	RN:	CN:
Permit No.:		Area Name:
Account No.:	RN:	CN:
Permit No.:		Area Name:
Account No.:	RN:	CN:
Permit No.:		Area Name:
Account No.:	RN:	CN:
Permit No.:		Area Name:
Account No.:	RN:	CN:
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