

TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM

7. SELF-CERTIFICATION OF COMPLIANCE WITH UST REQUIREMENTS

Important: Completion of this section is required before TCEQ issues a UST Delivery Certificate. Delivery of regulated substances into regulated USTs is prohibited by state law unless a valid, current Delivery Certificate is available and/or displayed at the UST facility. **Any responses marked "NO", or any incomplete submittal, will result in non-issuance of a Delivery Certificate for this facility.**

● INDICATE RESPONSES TO EACH QUESTION BY MARKING X IN THE APPROPRIATE SPACE AT THE RIGHT.		YES	NO
REGISTRATION	● For regulated UST systems at the facility indicated below, is the registration information filed with the TCEQ pursuant to §334.7 of TCEQ rules (including information in this filing) complete, accurate, & up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>
FACILITY FEES	● For regulated UST systems at the facility indicated below, have all facility fees billed to date to the current owner been paid in full (i.e., annual fees plus all late fees, penalties, & interest)? (Does not apply to common carrier railroads)	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL ASSURANCE	● For regulated UST systems at the facility indicated below, does financial assurance coverage meet TCEQ requirements, as described in Chapter 37 Subchapter I of TCEQ rules, for first-party corrective action, third-party bodily-injury, and third-party property damage in the event of a petroleum release from these UST systems?	<input type="checkbox"/>	<input type="checkbox"/>
TECHNICAL STANDARDS	● For regulated UST systems at the facility indicated below, are all in compliance with technical standards, as described in TCEQ rules in §334.49 (relating to Corrosion Protection), §334.50 (relating to Release Detection), §334.51 (relating to Spill and Overfill Prevention and Control) and §334.43 (relating to Variances and Alternative Procedures) if a written variance to all or part of the requirements of the previous three sections has been granted by the TCEQ? (A "yes" response indicates that recordkeeping requirements and reporting duties have been met for 60 days prior to and including the date of certification.)	<input type="checkbox"/>	<input type="checkbox"/>

I am certifying that the following UST systems at this facility are in compliance: Tank ID #(s) _____, _____, _____, _____ as numbered on Pages 4 and 5 of this form. If certifying more UST systems, please list additional ID #s on another form.

This Self-Certification will not be processed or Delivery Certificate created unless Proof of Financial Assurance has been provided with this form. (State & Federal Entities Exempt)

8. FINANCIAL ASSURANCE INFORMATION

Financial Assurance (Petroleum USTs only)

Does this facility meet Financial Assurance (FA) requirements for both

1st party corrective action and 3rd party bodily injury/property damage liability? Yes No Exempt (state and federal entities only)

If YES, identify FA mechanism(s): Insurance (or risk retention group) Financial test Guarantee* Letter of credit*
 Surety bond* Local Gov. financial test ** Local Gov. guarantee** Trust fund

*Also requires stand-by trust fund. ** Only available to local governments (counties, municipalities, and special districts).

Information pertaining to the financial assurance mechanism(s) used to demonstrate financial assurance under Chapter 37, Subchapter I of Title 30, Texas Administrative Code is as follows:

Name of Issuer:	Phone # of Issuer:	Policy or mechanism #:
Coverage period Beginning: ___/___/___ Ending: ___/___/___	Coverage Amount \$	Insurance Premium pre-paid for entire year?*** <input type="checkbox"/> Yes <input type="checkbox"/> No ***For information purposes only

****For questions regarding Financial Assurance, call the Financial Assurance Section at (512) 239-0300****

9. TANK OWNER/OPERATOR SELF-CERTIFICATION (for Delivery Certificate)

I hereby certify under penalty of law to the following:

- I am the (mark one): owner ... legally-authorized representative of the owner ...
 operator ... legally-authorized representative of the operator ...
 ... of the regulated underground storage tank (UST) systems at this facility; AND
- I have personally examined and am familiar with the information included in Sections 1 through 4 AND 7; AND 8
- Based on my current knowledge and understanding, the submitted information is true, accurate, and complete; AND
- I understand that any person who intentionally or knowingly submits false information on this form is subject to criminal prosecution.

PRINTED NAME OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)	TITLE
SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)	DATE OF SIGNATURE (PLEASE PRINT) ____/____/____

10. TANK OWNER/OPERATOR REGISTRATION (for Initial Registration or Changes)

I hereby represent the following:

- I am the (mark one): owner ... legally-authorized representative of the owner ...
 operator ... legally-authorized representative of the operator ...
 ... of the regulated underground storage tank (UST) systems at this facility; AND
- I have personally examined and am familiar with the information included in Sections 1 through 4, and Sections 8, 11 - 12; AND
- Based on my current knowledge and understanding, the submitted information is true, accurate, and complete; AND
- I understand that any person who intentionally or knowingly submits false information on this form is subject to criminal prosecution.

PRINTED NAME OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)	TITLE
SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)	DATE OF SIGNATURE (PLEASE PRINT) ____/____/____

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)			
Tank Status (Mark One Status & Indicate Date, if Applicable)			
1-Currently in Use	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>
2-Temporarily out of service (date) - Meets TCEQ Definition of Empty?- Yes or No	2- ___/___/___ <input type="checkbox"/> Yes <input type="checkbox"/> No	2- ___/___/___ <input type="checkbox"/> Yes <input type="checkbox"/> No	2- ___/___/___ <input type="checkbox"/> Yes <input type="checkbox"/> No
3-Perm.filled in place w/ sand, concrete, etc.(date)	3- ___/___/___	3- ___/___/___	3- ___/___/___
4-Permanently removed from the ground (date)	4- ___/___/___	4- ___/___/___	4- ___/___/___
Current/Last Substance Stored (Mark All that Apply)			
1-Gasoline	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>
2-Diesel	2- <input type="checkbox"/>	2- <input type="checkbox"/>	2- <input type="checkbox"/>
3-Kerosene	3- <input type="checkbox"/>	3- <input type="checkbox"/>	3- <input type="checkbox"/>
4-Used Oil	4- <input type="checkbox"/>	4- <input type="checkbox"/>	4- <input type="checkbox"/>
5-New Oil	5- <input type="checkbox"/>	5- <input type="checkbox"/>	5- <input type="checkbox"/>
6-Other Petroleum Substance (specify)	6- _____	6- _____	6- _____
7a-CERCLA Hazardous Substance (specify)	7a- _____	7a- _____	7a- _____
7b-Chemical Abstract Service (CAS) No.	7b- # _____	7b- # _____	7b- # _____
7c-Hazardous Substances Mixture (specify)	7c- _____	7c- _____	7c- _____
8-Petrol./Haz. Substances Mixture (specify)	8- _____	8- _____	8- _____
9-Other (specify)	9- _____	9- _____	9- _____

12. UST SYSTEM TECHNICAL INFORMATION

Tank & Piping Design (Mark One for Tank & Piping)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1-Single-Wall	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>
2-Double-Wall	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>
External Containment (Mark all that apply)								
3-Factory-Built Nonmetallic Jacket	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>
4a-Synthetic Tank-Pit/Piping-Trench Liner	4a- <input type="checkbox"/>	<input type="checkbox"/>	4a- <input type="checkbox"/>	<input type="checkbox"/>	4a- <input type="checkbox"/>	<input type="checkbox"/>	4a- <input type="checkbox"/>	<input type="checkbox"/>
4b-Tank Vault/Rigid Trench Liner	4b- <input type="checkbox"/>	<input type="checkbox"/>	4b- <input type="checkbox"/>	<input type="checkbox"/>	4b- <input type="checkbox"/>	<input type="checkbox"/>	4b- <input type="checkbox"/>	<input type="checkbox"/>
Type of Piping (Mark One)								
5a-Pressurized	5a-N/A	<input type="checkbox"/>	5a-N/A	<input type="checkbox"/>	5a-N/A	<input type="checkbox"/>	5a-N/A	<input type="checkbox"/>
5b-Suction	5b-N/A	<input type="checkbox"/>	5b-N/A	<input type="checkbox"/>	5b-N/A	<input type="checkbox"/>	5b-N/A	<input type="checkbox"/>
5c-Gravity	5c-N/A	<input type="checkbox"/>	5c-N/A	<input type="checkbox"/>	5c-N/A	<input type="checkbox"/>	5c-N/A	<input type="checkbox"/>
Tank Internal Protection								
6-Internal Tank Lining (Indicate date)	6- ___/___/___		6- ___/___/___		6- ___/___/___		6- ___/___/___	
Tank & Piping Materials (Mark all that apply)								
1-Steel	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>
2-FRP (fiberglass-reinforced plastic)	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>
3-Composite tank (steel w/external FRP cladding)	3- <input type="checkbox"/>	N/A	3- <input type="checkbox"/>	N/A	3- <input type="checkbox"/>	N/A	3- <input type="checkbox"/>	N/A
4-Concrete	4- <input type="checkbox"/>	<input type="checkbox"/>	4- <input type="checkbox"/>	<input type="checkbox"/>	4- <input type="checkbox"/>	<input type="checkbox"/>	4- <input type="checkbox"/>	<input type="checkbox"/>
5a-Jacketed (steel w/external nonmetallic jacket)	5a- <input type="checkbox"/>	<input type="checkbox"/>	5a- <input type="checkbox"/>	<input type="checkbox"/>	5a- <input type="checkbox"/>	<input type="checkbox"/>	5a- <input type="checkbox"/>	<input type="checkbox"/>
5b-Coated (steel w/external polyurethane cladding)	5b- <input type="checkbox"/>	N/A	5b- <input type="checkbox"/>	N/A	5b- <input type="checkbox"/>	N/A	5b- <input type="checkbox"/>	N/A
5c-Nonmetallic flexible piping	5c-N/A	<input type="checkbox"/>	5c-N/A	<input type="checkbox"/>	5c-N/A	<input type="checkbox"/>	5c-N/A	<input type="checkbox"/>
Piping Connectors & Valves (Mark all that apply)								
6-Shear/Impact Valves (under dispenser)	6-N/A	<input type="checkbox"/>	6-N/A	<input type="checkbox"/>	6-N/A	<input type="checkbox"/>	6-N/A	<input type="checkbox"/>
7-Steel swing-joints (at ends of piping)	7-N/A	<input type="checkbox"/>	7-N/A	<input type="checkbox"/>	7-N/A	<input type="checkbox"/>	7-N/A	<input type="checkbox"/>
8-Flexible connectors (at ends of piping)	8-N/A	<input type="checkbox"/>	8-N/A	<input type="checkbox"/>	8-N/A	<input type="checkbox"/>	8-N/A	<input type="checkbox"/>

TCEQ Facility ID No _____
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12. UST SYSTEM TECHNICAL INFORMATION - continued from page 4

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

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

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

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.