



HIDALGO COUNTY, TEXAS

APPLICATION FOR OFFICIAL TRAVEL

DEPARTMENT NAME: Hidalgo County Environmental Compliance DATE OF REQUEST: 07/05/12
 NAME & TITLE OF EMPLOYEE(S): Martin Ramirez TOTAL NUMBER OF EMPLOYEES TRAVELING: 1

EVENT INFORMATION

TITLE OF EVENT: Smoke School/Visible Emissions Workshop
 EVENT DATE(S) FROM: 07/26/12 TO: 07/27/12
 DEPARTURE DATE: 07/25/12 RETURN DATE: 07/27/12
 LOCATION OF EVENT: CITY: Corpus Christi STATE: Texas

PURPOSE OF TRAVEL

- Place an "X" by the applicable purpose of the trip.
- To obtain statutorily required continuing professional education.
 - To obtain continuing education related to an employee's work or maintenance of a license or certification.
 - To testify before legislative bodies, regulatory agencies and commissions, and other forums that may make decisions affecting the County and its affiliated organizations and operations.
 - To participate in professional organizations related to the employee or official's job assignment.
 - To conduct essential research & information-gathering for improvement of County operations or compliance with law.
 - To monitor the development of state or federal legislation or implementation of legislation that might affect the County
 - To participate in forums, coalitions, & discussions relating to the policy, legislative & regulatory interests of the County
 - To pursue the County's interests in litigation or criminal justice.
 - To promote the economic development interests of the County.
 - To carry out other purposes determined by Commissioners' Court to be in the interest of the County.

JUSTIFICATION FOR THE NEED TO TRAVEL OUT-OF-STATE

Explain the benefits that this trip it will bring to Hidalgo County. Attach an itinerary, agenda, or schedule for the conference and/ or event. If applicable, justify the need for multiple persons traveling to the same event.

SUMMARY OF ESTIMATED TRAVEL EXPENSES	ESTIMATED EXPENSES	(DBM USE ONLY) FUNDS AVAILABLE BALANCE	MODE OF TRAVEL <small>(Place an "X" by applicable mode of travel)</small>
1. REGISTRATION FEE(S)	\$ -		AIRFARE* <input type="checkbox"/>
Subtotal for Object Code 584	\$ -	\$ -	BUS** <input type="checkbox"/>
2. AIRFARE- ROUNDTRIP COACH FARE ONLY	\$ -		Rental Car** <input type="checkbox"/>
3. TAXI FARE	\$ -		County Vehicle** <input checked="" type="checkbox"/>
4. BUS FARE	\$ -		Private Vehicle** <input type="checkbox"/>
5. RENTAL CAR	\$ -		OTHER** (Specify) <input type="checkbox"/>
6. GASOLINE/DIESEL/FUEL	\$ -		* If traveling by airplane, the traveler should consider purchasing a refundable fare if possibility of a cancellation exists.
7. MILEAGE REIMBURSEMENT	\$ -		
8. TELEPHONE CALLS	\$ -		** If mode of travel includes bus, rental car, county vehicle, private vehicle, or other form of transportation, a comparison of the savings that will be achieved by not choosing to travel by airplane must be provided with supporting documentation.
9. PARKING	\$ -		
10. LODGING	\$ 206.48		
11. MEALS	\$ 96.00		
12. OTHER EXPENSES	\$ -		
Subtotal for Object Code 583	\$ 302.48		
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 302.48	\$ -	

14. IF HIDALGO COUNTY IS NOT FUNDING ANY OR PART OF THIS TRIP, INDICATE BELOW THE EXPENSE TYPE & SOURCE OF PAYMENT:

NOTE: If trip duration is extended to take advantage of lower airfare, a comparison of the savings to the additional estimated cost must be provided with supporting airfare rate documentation.

ELECTED OFFICIAL/DEPARTMENT HEAD CERTIFICATION (Place an "X" by each of the certifications)

- I certify that:
- Trip expenses are necessary and will be incurred for official county business.
 - Reasonable efforts to minimize the use of county funds have been explored.
 - Sufficient funds are available within in my department's budget to pay for the related travel expenses without the need of a budget amendment.

If this trip is for out-of-state training, the training is not available in some other form that does not require out-of-state travel.

APPROVED BY ELECTED OFFICIAL/DEPARTMENT HEAD:	DATE: <u>7/6/12</u>	DEPARTMENT CONTACT PERSON: <u>Lauro Torres</u>	PHONE NO.: <u>X. 4859</u>
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FOR DEPARTMENT OF BUDGET & MANAGEMENT (DBM) USE ONLY:

TRAVEL IS **APPROVED** for the individuals listed below:
Martin Ramirez

TRAVEL IS **NOT APPROVED** for the individuals listed below:

REVIEWED BY (PRINT NAME): <u>Veronica Ortiz</u>	DATE: <u>7/9/12</u>	REVIEWER'S SIGNATURE:	PHONE NO.: <u>292-7025</u>
DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME):	DATE:	SIGNATURE OF DBM DEPARTMENT HEAD:	

Reg #
 218969
 219006

cc 7/10/12



HIDALGO COUNTY, TEXAS OUT-OF-COUNTY – TRAVEL ADVANCE REQUEST

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	Martin Ramirez	EMPLOYEE ID NO.:	185191	EMPLOYEE TITLE:	Environmental Comp. Coordinator
DEPARTMENT:	Hidalgo County Environmental Compliance	DO YOU HAVE AN OUSTANDING TRAVEL ADVANCE?	No		
DEPARTURE DATE:	7/25/12	RETURN DATE:	7/27/12		
TIME OF DEPARTURE:	5:00 PM	TIME OF RETURN:	8:00 PM		
TO CITY:	Corpus Christi	STATE:	Texas		
SEMINAR/CONFERENCE/MEETING:	START DATE: 7/26/2012	END DATE: 7/27/2012	ACTUAL NO. OF DAYS:	2	
TITLE OF WORKSHOP/CONFERENCE:	SMOKE SCHOOL/VISIBLE EMISSIONS WORKSHOP				
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL):	County Vehicle	IS COORDINATION OF TRAVEL REQUIRED? IF NO, ATTACH WRITTEN EXPLANATION FROM THE COUNTY OFFICIAL.			
LIST NAMES OF COUNTY EMPLOYEES TRAVELING WITH YOU IN THE COUNTY VEHICLE, CAR RENTAL, OR PERSONAL VEHICLE?					
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT?	Yes	IF YES, EXPLAIN REASON FOR NOT UTILIZING COUNTY VEHICLE?			
PURPOSE/BENEFIT TO HIDALGO COUNTY:					

B. ESTIMATED EXPENSES:

I. MEALS: (Meals for one-day travel not requiring an overnight stay will not be advanced)									
Meals will be prorated for partial days	Meal Rate	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	Total
				25-Jul	26-Jul	27-Jul			
Breakfast	\$9.00		\$9.00	\$9.00					\$18.00
Lunch	\$12.00		\$12.00	\$12.00					\$24.00
Dinner	\$18.00	\$18.00	\$18.00	\$18.00					\$54.00
Total	\$39.00	\$18.00	\$39.00	\$39.00	\$0.00	\$0.00	\$0.00	\$0.00	\$96.00

Meal per diems must be prorated for 1st day and last day of travel as follows:

Departure:	Arrival:
Before 8:00 a.m. (breakfast, lunch, & dinner)	\$ 39.00
8:00 a.m. - 1:00 p.m. (lunch & dinner)	\$ 30.00
After 1:00 p.m. (dinner)	\$ 18.00

II. INCIDENTAL EXPENSES (taxi fare, shuttle fare, gas charges for car rentals, airport and hotel parking):

Expense type:	days @ \$ 20.00	\$	-
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III. PERSONAL VEHICLE MILEAGE Miles @ \$ 0.510 (Current Rate) \$ -

(Note: Mileage may be advanced calculated on a point-to-point basis using "Mapquest" at the current county adopted rate per highway mile. Incidental mileage will not be advanced. In addition, "Coordination of Travel" may apply (see Section 7 of the Travel Policies, Guidelines, and Procedures). When traveling out of state, if the most economical means of travel is driving, traveler must supply documentation to support the price of the airfare at the time of travel.

[Mapquest](#)

IV. OTHER (Itemize)

	\$
	\$

V. P.O. # ISSUED UNDER EMPLOYEE'S NAME FOR THE AMOUNT OF THE TRAVEL ADVANCE:	VI. TOTAL TRAVEL ADVANCE REQUESTED: \$	96.00
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VII. COMMENTS:	VII. GENERAL LEDGER ACCOUNT NUMBER:

C. CERTIFICATION AND AUTHORIZATION TO PAYROLL DEDUCTIONS

I hereby certify that information provided on this form is true and estimated expenditures are reasonable and necessary. The funds will be used by me for the specific trip listed above and not given to or used by another county employee. If my trip is cancelled, I will immediately return the travel advance funds to the County Treasurer no later than 20 calendar days after the seminar/conference/ meeting end date by submitting a Final Travel Expense Claim. In addition, I agree to account for all travel expenditures including the travel advance by submitting a Final Travel Expense Claim, accompanied by required original supporting documentation, no later than 20 days after my seminar/conference/meeting end date. Any unused funds will also be returned to the County Treasurer's Office no later than 20 days after my seminar/conference/meeting end date.

Should I fail to submit a Final Travel Expense Claim, I understand that I will not be allowed to obtain another travel advance until the pending travel advance is settled. In addition, I agree to repay Hidalgo County and further consent to payroll deductions by the County Treasurer to recover the pending travel advance amount.

EMPLOYEE SIGNATURE	Valde Guerra DEPARTMENT OFFICIAL'S NAME (Print Name)	DEPARTMENT OFFICIAL'S APPROVAL (Signature)
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HIDALGO COUNTY, TEXAS
SEMINAR, HOTEL, CAR RENTAL, AND AIRFARE
CHECK REQUEST FORM
PAGE 1 OF 2

DEPARTMENT:	Hidalgo County Environmental Compliance	If, applicable, was travel approved by Co. Exec. Officer?	Yes
DEPARTURE DATE:	7/25/2012	RETURN DATE:	7/27/2012
TO CITY:	Corpus Christi	STATE:	Texas
NAME OF EMPLOYEES ATTENDING SEMINAR:	Martin Ramirez		
TOTAL# OF EMPLOYEES ATTENDING SEMINAR:	1		
PURPOSE/BENEFIT TO HIDALGO COUNTY:			

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR:	Smoke School/Visible Emissions Workshop		
SPONSORED BY:			
REGISTRATION CHECK PAYABLE TO:	Whitlow Enterprises LLC		
REGISTRATION ADDRESS:	1305 Charles Griggs Road	SEMINAR START DATE:	7/26/2012
	West Monroe, LA 71292	SEMINAR END DATE:	7/27/2012
		PURCHASE ORDER NO.	
1. REGISTRATION COST PER EMPLOYEE:		NO. OF EMPLOYEES ATTENDING AT THIS RATE:	
2. REGISTRATION COST PER EMPLOYEE:		NO. OF EMPLOYEES ATTENDING AT THIS RATE:	
3. "FREE REGISTRATION COST:	"FREE"	NO. OF EMPLOYEES ATTENDING FOR "FREE":	1
GL ACCT NO.:	2-1100-413-00-125-001-0-584	TOTAL NO. OF EMPLOYEES ATTENDING:	1
TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	-	
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$	-
	TOTAL 2ND PAGE (B + C + D):	\$	206.48
	GRAND TOTAL (A + B + C + D)	\$	206.48

E. CERTIFICATIONS AND EMPLOYEE AUTHORIZATIONS FOR PAYROLL DEDUCTIONS

DEPARTMENT'S PUBLIC OFFICIAL CERTIFICATION: I hereby certify that trip expenditures are necessary and will be incurred for official county business. Reasonable efforts to minimize the use of county funds have been explored. The information and estimates provided on this form are true and as accurate as possible. If it becomes necessary to cancel a trip, all necessary cancellations and notices will be made to the applicable vendors and departments in accordance with the Travel Policy, Guidelines, and Procedures. Travelers have read the Travel Policy, Guidelines, and Procedures and understand that failure to cancel reservations for any reasons other than those allowed by the Travel Policy will be at their expense.

	Lauro Torres	ext. 4859
DEPARTMENT'S PUBLIC OFFICIAL (Signature)	DEPARTMENT'S CONTACT PERSON	PHONE #

TRAVELER'S AUTHORIZATION: I certify that if it becomes necessary to cancel a trip, all necessary cancellations and notices will be made to the applicable vendors and departments in accordance with the Travel Policy, Guidelines, and Procedures. If I fail to cancel reservations for reasons other than those allowed by Section 17 of the Travel Policy, Guidelines, and Procedures, I authorize the deduction of any travel expenses incurred by the county on my behalf from my payroll check.

Martin Ramirez		187097
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.



HIDALGO COUNTY, TEXAS
SEMINAR, HOTEL, CAR RENTAL, AND AIRFARE
CHECK REQUEST FORM
PAGE 2 OF 2

DEPARTMENT: Hidalgo County Environmental Compliance

DEPARTURE DATE: 7/25/2012 RETURN DATE: 7/27/2012

TO CITY: Corpus Christi STATE: Texas

NAME OF EMPLOYEES ATTENDING SEMINAR: Martin Ramirez

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 1

B. HOTEL RESERVATION(S)

Note: Use of a travel agency is discouraged. Unless a benefit is achieved by other means, you must use the State of Texas travel management services contract by visiting: www.window.state.tx.us/procurement/prog/stmp/

NAME OF HOTEL:	<u>Holiday Inn Express</u>	HOTEL PHONE NO:	<u>(361) 242-3330</u>
ADDRESS OF HOTEL:	<u>13425 Brookhaven Drive</u>	CONFIRMATION NO (s):	<u>66487573</u>
	<u>Corpus Christi, Tx. 78410</u>		
ROOM RATE:	<u>\$ 89.00</u>	PURCHASE ORDER NO.	
NUMBER OF NIGHTS:	<u>2</u>	GENERAL LEDGER ACCT NO:	<u>2-1100-413-00-125-001-0-583</u>
ROOM RATE:		TOTAL NO. OF ROOMS:	<u>1</u>
NUMBER OF NIGHTS:			
ROOM RATE:		HOTEL TAX RATE:	<u>16.00%</u>
NUMBER OF NIGHTS:			
TOTAL CHECK AMOUNT FOR HOTEL (Daily Room Rate x No. of Rooms x No. of Days x Tax Rate) B.			<u>\$ 206.48</u>

C. CAR RENTAL(S)

Note: Reservations for car rentals made under the name of Hidalgo County are required to be made through the State of Texas travel management services contract by visiting: www.window.state.tx.us/procurement/prog/stmp/

IS A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT? YES / NO	<u></u>	IF YES, EXPLAIN REASON FOR NOT UTILIZING IT? Attach memo if more space needed.	<u></u>
NAME OF CAR RENTAL COMPANY:	<u></u>		
ADDRESS OF CAR RENTAL COMPANY	<u></u>		
<i>Note: Coordination of travel is required for every group of 4 or less</i>			
PHONE NUMBER OF CAR RENTAL COMPANY:	<u></u>		
VEHICLE NO. 1 TYPE:	<u></u>	VEHICLE NO. 2 TYPE:	<u></u>
DAILY CAR RATE:	<u></u>	DAILY CAR RATE:	<u></u>
NUMBER OF DAYS:	<u></u>	NUMBER OF DAYS:	<u></u>
CONFIRMATION NO.:	<u></u>	CONFIRMATION NO.	<u></u>
VEHICLE NO. 1 - NAMES OF EMPLOYEES TRAVELING:	<u></u>	VEHICLE NO. 2 - NAMES OF EMPLOYEES TRAVELING:	<u></u>
PURCHASE ORDER NO.	<u></u>	GL ACCT NO:	<u></u>
TOTAL CHECK AMOUNT FOR CAR RENTAL (Daily Car Rate x No. of Days) C.			<u>\$ -</u>

D. AIRFARE(S)

Note: Use of a travel agency is discouraged. Refundable fares should be considered if possibility of a trip cancellation exists.

NAME OF AIRLINE COMPANY:	<u></u>		
ADDRESS OF AIRLINE COMPANY:	<u></u>		
PHONE NO. OF AIRLINE COMPANY:	<u></u>	CONFIRMATION NO.:	<u></u>
ROUND TRIP AIRFARE PER PERSON:	<u></u>		
NUMBER OF TRAVELERS:	<u></u>		
GENERAL LEDGER ACCOUNT NUMBER	<u></u>	P.O. NO.	<u></u>
TOTAL CHECK AMOUNT FOR AIRLINE COMPANY D.			<u>\$ -</u>
SUBTOTAL (B+C+D)			\$ 206.48

**HIDALGO COUNTY PURCHASING DEPARTMENT
TRAVEL REQUEST FORM
USING THE STATE OF TEXAS TRAVEL CARD**

As per County Travel Policy (at least two (2) weeks prior to the date the check will be needed)

Date of Travel Request Submission: 7/5/12
Department: Executive Office/Environmental Requestor: Laura Torres EXT: 4859
Number of Employees: 1
Employee(s) Name (DOB if requesting airfare): Martin Ramirez

Destination: Corpus Christi
Name of Seminar/Conference: Smoke School/Visible Emissions Workshop
Travel Account Number: 2-1100-413-00-125-001-0-583

HOTEL: Req. #: 218969 P.O. #: _____


MUST REQUEST CHECK FOR HOTEL

Hotel Name: Holiday Inn Hotel Address: 13425 Brookhaven Dr.
Number of Rooms: 1 Hotel Phone Number: (361) 242-3330
Check In: July 25, 2012 Check Out: July 27, 2012
Single Bed or Double Beds

AUTO: Req. #: _____ P.O. #: _____

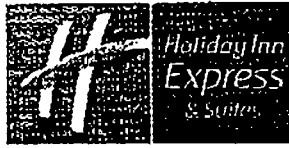
Rental Location: _____ Type of Vehicle: _____
Date/Time of Pick up: _____ Date/Time of Drop off: _____

AIRFARE: Req. #: _____ P.O. #: CITIBANK vendor #: 343277
Refundable: YES NO Airline Name: _____

Departure Date/Time: _____ Return Date/Time: _____
 7/5/12
Signature: Elected Official/Department Head Date
Original Signature is required

For Purchasing Department Office Use Only

Hotel Confirmation: _____	Spoke to: _____
Auto Confirmation: _____	
Flight Confirmation: _____	
Received Confirmation via email/fax: _____	
Credit Card Authorization Form Hotel: _____	Faxed back to Hotel: _____
CC Approval on: _____	Agenda Item: _____
HCPD-TRAVEL-2011 REVISED 2012	CC APPROVED ON: 3/7-2012



05-JUL-2012

Martin Ramirez
Edinburg TX 78539
US

Thank you for making your reservation at the HOLIDAY INN EXPRESS CORPUS CHRISTI. We have reserved the following accommodations for you:

Arrival Date	Departure Date	Nightly Rate	Room Type
07-25-12	07-27-12	89.00 USD	King Standard Non-Smoking

Your Confirmation Number is 66487573, and you are guaranteed for late arrival.

Reservations may be cancelled up to 24 hours prior to arrival without penalties

Again, thank you for choosing the HOLIDAY INN EXPRESS CORPUS CHRISTI. We look forward to having you as our guest.

Best regards,

Reservations Office

Holiday Inn Express & Suites Corpus Christi NW - Calallen
13425 Brookhaven Drive
Corpus Christi, TX 78410
Telephone: (361) 242-3330 Fax: (866) 720-0411

Whitlow Enterprises LLC
 1305 Charles Griggs Road
 West Monroe, LA 71292

Phone: 318-361-2355 FAX: 318-327-3199
 Email: smokeschool@yahoo.com Home Page: www.smokeschool.net

Smoke School / Visible Emissions Workshop

We will load the cart and pull it.

Registration Form

You can download this form in Rich Text for typing from our web site at www.smokeschool.net

Company Name, Branch Location
 Mailing address, Contact Person:

Martin Ramirez
 Hidalgo County Environmental Coordinator
 1304 S. 25th Ave.
 Edinburg, TX. 78542

Phone Number:	(956) 318-2840	Fax Number:	(956) 318-2844
Email address:	martin.ramirez@hchd.org		
Location of the School:	Corpus Christi		
Dates of the School:	July 26-27, 2012		

Names of Attendees (Please Type). Check C, for classroom F for field test, or B for both. Indicate who will be eating lunch Check L. If employees can not make it on the first day at 8 AM. Indicate when they will be reporting. Report to the field-test first unless notified otherwise.

Attendees (Please Type)	(classroom)	(field Test)	(Both)	(Lunch)	Test Date & Time
Martin Ramirez	C <input type="checkbox"/>	F <input type="checkbox"/>	B <input checked="" type="checkbox"/>	L <input checked="" type="checkbox"/>	July 26-27, 2012 @ 8:00a.m.
	C <input type="checkbox"/>	F <input type="checkbox"/>	B <input type="checkbox"/>	L <input type="checkbox"/>	
	C <input type="checkbox"/>	F <input type="checkbox"/>	B <input type="checkbox"/>	L <input type="checkbox"/>	
	C <input type="checkbox"/>	F <input type="checkbox"/>	B <input type="checkbox"/>	L <input type="checkbox"/>	
	C <input type="checkbox"/>	F <input type="checkbox"/>	B <input type="checkbox"/>	L <input type="checkbox"/>	
	C <input type="checkbox"/>	F <input type="checkbox"/>	B <input type="checkbox"/>	L <input type="checkbox"/>	
	C <input type="checkbox"/>	F <input type="checkbox"/>	B <input type="checkbox"/>	L <input type="checkbox"/>	
	C <input type="checkbox"/>	F <input type="checkbox"/>	B <input type="checkbox"/>	L <input type="checkbox"/>	

We are adding a 10% discount for companies or plants that never attended our school. The discount does not apply to private schools or schools conducted at your plant. Check here if you qualify for this discount.

Refer a friend from another plant to smoke school and both plants will receive a 5% discount, a t-shirt, or other Whitlow prizes. Download a referral coupon from www.smokeschool.net, then FAX your coupon, email your coupon as an attachment, or bring your coupon to smoke school. We appreciate your support.

Please use additional forms if necessary. Thanks, an invoice will be mailed to you shortly.

WHITLOW ENTERPRISES, LLC

Invoice

Please remit payments to: 1305 Charles Griggs Road
West Monroe, LA 71292

Date	Invoice #
7/6/2012	11006

Bill To- Contact person & mailing address

Hidalgo County Environmental Coordinator
1304 S. 25th Avenue
Edinburg, TX 78542

Physical Location

Hidalgo County Environmental Coordinator
1304 S. 25th Avenue
Edinburg, TX 78542
P 9563182840 F 9563182844
martin.ramirez@hchd.org

Our Federal Tax ID # 72-1504-580	P.O. No.	Attn to: Martin Ramirez	Customer E-mail martin.ramirez@hchd.org
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Item	Description	Qty	Rate	Amount
field testing & Cla... 100% discount	Field Testing and Classroom--Martin Ramirez Free initial field and classroom training first time attendee - limit one per plant Corpus Christi, TX - Richard M Borchard Regional Fairgrounds - July 26 -27, 2012	1	375.00 -375.00	375.00 -375.00
<p>You may enter credit card info and fax invoice to us</p> <p>Credit card no.: _____</p> <p>EXP Date: _____</p>				

Corpus Christi, TX - Richard M Borchard Regional Fairgrounds - July 26 -27, 2012	Total	\$0.00
Please pay from invoice <div style="border: 1px dashed black; padding: 5px; text-align: center;"> SMOKE SCHOOL FEES ARE NON REFUNDABLE </div>	Payments/Credits	\$0.00
	Balance Due	\$0.00

Phone #	Fax #	E-mail	Web Site
318-361-2355	318-327-3199	smokeschool@yahoo.com	www.smokeschool.net

Whitlow Enterprises Smoke School

1305 Charles Griggs RD

West Monroe, LA 71292



Phone: 318-361-2355

FAX: 318-327-3199

Email smokeschool@yahoo.com

AN INVITATION

Free Seminar

GIFT CERTIFICATE

Industrial Environmental EH& Safety are entitled to

ONE FREE SMOKE SCHOOL CLASSROOM & FIELD CERTIFICATION
TO ALL FIRST TIME COMPANIES OR PLANTS

Redeemable at any Whitlow Smoke School Nation open enrollment school-
If possible, please register in advance from web site and attach gift certificate
to registration. Limit one per plant.

Please see web page or call us for more information.

Customer Use Only:

Customer name: Martin Ramirez

Company name and mailing address: Hidalgo County Environmental Compliance

1304 S. 25th Ave.

Edinburg, Tx. 78542

Smoke School location and date: Corpus Christi, Tx. July 26-27, 2012

Whitlow Smoke School Nation

Corpus Christi Texas Smoke School



Whitlow Smoke School Visible Emissions Evaluator Course (VEEC) for Texas

I heard it through the grapevine that Whitlow is the best smoke school in the nation

Corpus Christi Texas Smoke School EPA Method 9 & 22 Opacity Training & Certification by Whitlow Enterprises

This course meets the requirements of TCEQ Smoke School Visible Emissions Evaluator Requirements

Dates: July 26-27, 2012-- This is a 2 day school report time 8 AM

Be sure to read the Texas 2 day Whitlow smoke school agenda so you will know where to report and special TCEQ requirements.

Location: Richard M Borchard Regional Fairgrounds, 1213 Terry Shamsie Blvd., Robstown, TX 78380

Smoke School Field Training in the large open air pavilion in the front Classroom in Meeting Room A & B in the Conference Hall

Map and Driving Directions

Registration Fees Texas Incumbent Worker Training Grants What to Bring
Hotels Weather Report Donuts

Whitlow Smoke School Nation

Whitlow Smoke School Visible Emissions Evaluator Course (VEEC) for Texas

Agenda For 2- Day Texas Smoke Schools

Whitlow Texas agenda designed to meet the

TCEQ smoke school visible emissions evaluators regulation and requirements.



LIFE IS LIKE A BOX OF CHOCOLATES

First day of smoke school Day 1: On the first day of each Texas Smoke School we will conduct classroom and field testing and certification simultaneously. TCEQ requires all new attendees to attend classroom prior to testing and certification. Those of you that have never been to smoke school must attend the classroom first. You should also attend the classroom first if you desire a refresher classroom. Please bring a copy of your last certificate for verification. If you need or want to take the classroom, please report to the classroom location at 8 AM. Otherwise, report to the field training location.

8 AM to 3 PM Classroom

8 AM to 5 PM field training (additional field training if needed until sunset when the sun angle becomes too low for reading smoke-see comment below)

Day 2 Second day of training:

8 AM to 5 PM field training

We will serve refreshments at both locations and we will serve lunch at the field test location both days around noon.

Fog , rain or high winds

We check the weather reports before and during each smoke school. Links to the local weather reports are on each smoke school location page. Whitlow smoke school selects locations with shelters for rain for the comfort of the students. We use locations with trees or other contrasting background for reading smoke on cloudy days. If we cannot find a suitable location with a background, then we create a background.

If there is a light rain, our experienced operators will evaluate the smoke plume and compare it with our opacity monitor. We will determine if we should delay smoke school until after the rain ends or use a makeup day if the rain is scheduled to continue most of the day.

In the event of thunder storms, we will immediately delay smoke school until the storm passes and it is safe to continue. All parties should take shelter inside of a building or in your vehicle and await further instructions.

Windy conditions: We use an adjustable elbow and adjust the elbow to enhance smoke reading. If the winds become too high we will consider delaying the school until the winds go down or we will use a makeup day.

Fog: We will delay smoke school until the fog is gone.

We want you to pass and we create the environment that will help you pass. In the event of prolonged severe weather or hurricanes, we will update our webpage schedule and we will email or call all registered attendees as soon as we learn about the forecast. Make sure we have your email address on file.

Note: All new students must take one complete test run for training before being allowed to take a test run for certification. The student does not have to make a passing score on the training run, but must complete it and hand it in to the field instructor before being allowed to take the second run for actual certification. A student making a passing score on the training run cannot use it to claim certification.

Comment: I hate to say anything negative, because your ability to pass the test quickly, depends greatly on you having a positive attitude when you sit down in that yard chair looking at the smoke. Most of us know smoke school can be stressful. Some folks have nightmares about it. Whitlow tries our best to remove as much stress as possible and still be in compliance. Before beginning EPA Method 9 certification testing, we spend at least 30 minutes teaching and demonstrating how to take the certification test. Many of us have been taking the test for years without ever receiving any real training. What is the secret to passing the test on the first time?

It takes us a little longer than other providers to conduct the first test run. Most people pass our test the first time they take it. A few take it 3 times. All retests progress quicker than the first run. Sometimes it happens. Raise your hands if you think you failed the test, and we will check your math. Then we will review your test paper and make suggestions for improving your aim. Sometimes you need an attitude adjustment and a scope adjustment. We will continue testing if needed until about sunset when the angle of the sun is too low to accurately read opacity. If you have to leave before you pass the test, you can continue on the next day or at any of our open locations at no extra charge.

Sorry but several Texas smoke schools have been canceled due to lack of registrations. TCEQ has approved Whitlow Smoke School to operate in Texas after a 6 year absence. I seriously thought we could take up where we left off with about 300 people attending in 8 locations. I would like to use 8 locations in Texas for your convenience because Texas is a large state. I also would like for you to be able to choose the time of year and the weather conditions for smoke school. As you know, it can get hot in Texas and smoke school is an outdoor sport. This is your smoke school and you should have the right to choose your provider, your location, and your weather. Without you we do not exist. Email smoke_school@yahoo.com to suggest a location. We will be at the TCEQ Environmental Conference in Austin. I hope to see you there and you can suggest our locations for Texas.

For now please register for the best available smoke school provider.

Texas Smoke Schools

Baytown TX

Houston TX

Dallas TX

Corpus Christy TX

Louisiana Smoke Schools

West Monroe LA

Alexandria LA

Shreveport LA

Minden LA

Ville Platte LA

New Orleans LA

Mandeville LA

Baton Rouge LA

Lake Charles LA

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)
Shafa Investment Group LLC

Business name/disregarded entity name, if different from above
Holiday Inn Express

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ **S** Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
13425 Brookhaven Drive

City, state, and ZIP code
Corpus Christi, TX 78410

List account number(s) here (optional)

Requestor's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-					

Employer identification number									
2	7	-	2	2	6	9	6	4	1

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *Laura M. Valdez* Date ▶ *6.13.12*

General instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.