

Form OP-DEL-Instructions
Delegation of Responsible Official Information
Texas Commission on Environmental Quality

General:

A Responsible Official (RO) representing a corporation or military base may choose to delegate signature authority to a Duly Authorized Representative (DAR). An RO representing a limited partnership or other legal entity (such as a limited liability corporation) may also choose to delegate signature authority to a DAR. Such delegation may be made to an individual that has responsibility for the overall operation of one or more manufacturing, production, or operating facilities applying for, or subject to, a federal operating permit. Note that RO identifying information (name, address, title, etc.) must appear on Form OP-1 (Site Information Summary) even if the RO authority is being delegated to a DAR. Please refer to the Form OP-1 instructions for additional information.

This form also satisfies the requirements for notification of a change of DAR appointment, administrative information changes (e.g., address, phone and title) regarding the DAR, or the removal of a previously appointed DAR. During an application review, change notifications should be included in the next submittal to TCEQ regarding the permit. Please notify TCEQ in advance of changes.

After the initial permit application submittal, include a completed Form OP-CRO2 (Change of Responsible Official) with the next submittal to TCEQ if there is:

1. a new RO, Designated Representative (DR), or Alternate Designated Representative (ADR) appointment;
or
2. administrative information changes regarding the RO, DR, or ADR.

For new delegations, this form must bear the signatures of the RO and the DAR. For administrative information changes, this form must bear the signature of either the RO or the DAR. For removal of a previously appointed DAR, this form must bear the signature of the RO. Signature stamps can be accepted in place of an original signature. Electronic signature stamps such as **DocuSign will not be accepted**. Photocopies and electronic submittals can be submitted, however, must be followed up with the original Form OP-DEL. **The RO signature date will be used to validate the signature authority of the RO and must be on or after the effective date of the RO delegating to or removing a specific DAR via this action.**

The effective date of the RO delegating to the DAR will be based on one of the following:

1. the date the initial application was submitted, if the name of the RO delegating to or removing the DAR was included in the initial application submittal on Form OP-1 (Site Information Summary); or
2. the Appointment Effective Date on Form OP-CRO2, if the RO delegating to or removing the DAR is not the original RO included in the initial Form OP-1 and the RO was changed via Form OP-CRO2.

If the “Action Type” in Section II of this form is designating an “Administrative Information Change,” and the submittal is signed by the DAR, the DAR signature date will be used to validate the signature authority of the DAR and must be on or after the delegation effective date of the DAR certifying the submittal. A DAR cannot certify information unless the DAR has signature authority.

TCEQ also requires that a Core Data Form be submitted on all incoming applications unless **all** the following are met: the Regulated Entity Number (RN) and Customer Reference Number (CN) have been issued by TCEQ and no core data information has changed. The Central Registry is a common record area of 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 permit for a site, then the Core Data Form must be completed and submitted with application forms. If amending, modifying, or otherwise updating an existing record for a 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 website at: www.tceq.texas.gov/permitting/central_registry/guidance.

TCEQ – 10011 (APD-ID 272v1, Revised 06/24) OP-DEL

This form is for use by facilities subject to air quality permit requirements and may be revised periodically.

This form must be submitted to TCEQ through Title V STEERS. A copy of the form must also be submitted to the appropriate TCEQ Regional Office and EPA. Information on where to submit this form can be found on the TCEQ website at: www.tceq.texas.gov/permitting/air/titlev/submittal.

Specific:

I. Identifying Information

- **Account No.:** Enter the primary TCEQ account number (XX-XXXX-X) for the site if issued.
Note: Please use these instructions when completing Section V, if applicable.
- **RN:** Enter the Regulated Entity Number (RN) for the site if issued. This number is issued by 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) for the site if issued. This number is issued by 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 (OXXXX). If this is an initial application submittal for an SOP, a TOP, or a GOP, the permit number will be assigned upon receipt by TCEQ. In this case, enter “TBA” for “to be assigned.” The permit number will appear on all correspondence from 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. Duly Authorized Representative (DAR) Information

- **Action Type:** Indicate the type of action, “New DAR Identification” or “Administrative Information Change,” by placing an “X” in the appropriate box.
- **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 DAR Identification,” enter the name of the new DAR being appointed (maximum 25 characters). For submittals with an “Action Type” designation of “Administrative Information Change,” enter the name of the current DAR, incorporating any necessary changes (maximum 25 characters). Note: Use the name on the driver’s license associated with the STEERS account.
- **Title:** For submittals with an “Action Type” designation of “New DAR Identification,” enter the title of the new DAR (maximum 25 characters). For submittals with an “Action Type” designation of “Administrative Information Change,” enter the title of the current DAR, incorporating any necessary changes (maximum 25 characters).

- **Delegation Effective Date:** For submittals with an “Action Type” designation of “New DAR Identification,” enter the date that the appointment of the new DAR became, or will become, effective (MM/DD/YYYY).
For submittals with an “Action Type” designation of “Administrative Information Change,” leave the Delegation Effective Date blank. The signature date of the RO or DAR that is entered in Section III of this form will become the “Delegation Effective Date.”
- **Telephone Number:** For submittals with an “Action Type” designation of “New DAR Identification,” enter the telephone number with the area code of the new DAR. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the telephone number of the current DAR, if changed. If the telephone number is unchanged, leave the space blank.
- **Fax Number:** For submittals with an “Action Type” designation of “New DAR Identification,” enter the fax number with the area code of the new DAR. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the fax number of the current DAR, if changed. If the fax number is unchanged, leave the space blank.
- **Company Name:** For submittals with an “Action Type” designation of “New DAR Identification,” enter the company name for the new DAR. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the company name for the current DAR, if changed. If the company name is unchanged, leave the space blank.
- **Mailing Address:** For submittals with an “Action Type” designation of “New DAR Identification,” enter the mailing address of the new DAR, 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 DAR, if changed. If any portion of the mailing address is unchanged, leave the corresponding space blank. (address maximum - 50 characters; city maximum - 25 characters)
- **Email Address:** For submittals with an “Action Type” designation of “New DAR Identification,” enter the email address for the new DAR. For submittals with an “Action Type” designation of “Administrative Information Change,” enter the email address for the current DAR, if changed. If the email address is unchanged, leave the space blank. (email address - maximum 50 characters)

III. Certification of Truth, Accuracy, and Completeness

Submittals with an “Action Type” designation of “New DAR Identification” must be signed by the RO whose authority is being delegated to a specific DAR via this action. Submittals with an “Action Type” designation of “Administrative Information Change” may be signed by the RO or DAR.

- **Certifier Name (Responsible Official (RO) or DAR):** For submittals with “Action Type” designation of “New DAR Identification,” print or type the name of the RO whose authority is being delegated to the DAR via this action (maximum 25 characters). For submittals with “Action Type” designation of “Administrative Information Change,” print or type the name of the RO or DAR certifying this submittal (maximum 25 characters).
- **Responsible Official Signature:** Signature of the RO is required.
- **Responsible Official Signature Date:** Enter the date this form was signed by the RO (MM/DD/YYYY).
Note: The Signature Date will be used to validate the signature authority of the RO and must be on or after the effective date of the RO delegating to a specific DAR via this action. See the “General” section for information regarding the effective date of an RO.
- **Duly Authorized Representative Signature:** Signature of the DAR is required. A DAR must sign submittals with “Action Type” designation of “New DAR Identification” where an RO is delegating authority to a specific DAR.

- **Duly Authorized Representative Signature Date:** Enter the date this form was signed by the DAR (MM/DD/YYYY).

Note: For submittals with “Action Type” designation of “New DAR Identification,” the DAR Signature Date is used as an indication that the DAR is in agreement with the delegation. For submittals with “Action Type” designation of “Administrative Information Change,” and the submittal is signed by the DAR, the Signature Date will be used to validate the signature authority of the DAR and must be on or after the Delegation Effective Date of the DAR certifying the submittal.

IV. Removal of Duly Authorized Representative(s) (DAR)

Requests to remove DAR(s) must be signed by the RO who is removing DAR signature authority via this action.

- **DAR Name(s):** Print or type the name of each DAR whose signature authority is being removed via this action.
- **Effective Date:** Enter the date the removal of DAR signature authority became, or will become, effective (MM/DD/YYYY).
- **Responsible Official Signature:** Signature of the RO is required.
- **Responsible Official Signature Date:** Enter the date this form was signed by the RO (MM/DD/YYYY).

Note: The Signature Date will be used to validate the signature authority of the RO and must be on or after the effective date of the RO removing DAR authority via this action. See the “General” section for information regarding the effective date of an RO.

Extension Page

V. Additional Identifying Information

Complete this table only if this certification form is being used to certify DAR information or remove DAR(s) on multiple application areas or sites for which the RO and DAR(s) have 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.

A Responsible Official (RO) may choose to delegate signature authority to a Duly Authorized Representative (DAR). Such delegation may be made to an individual that has responsibility for the overall operation of one or more manufacturing, production, or operating facilities applying for, or subject to, a federal operating permit. Signature stamps can be accepted in place of an original signature. Electronic signature stamps such as **DocuSign will not be accepted**. Photocopies and electronic submittals can be submitted, however, must be followed up with the original Form OP-DEL. This form must be submitted to TCEQ through Title V STEERS.

Form OP-DEL
Delegation of Responsible Official Information
Federal Operating Permit Program
Texas Commission on Environmental Quality

I. Identifying Information
Account No.:
RN:
CN:
Permit No.:
Area Name:
Company Name:
II. Duly Authorized Representative Information
Action Type: <input type="checkbox"/> New DAR Identification <input type="checkbox"/> Administrative Information Change
Conventional Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Name (on driver's license):
Title:
Delegation Effective Date:
Telephone No.:
Fax No.:
Company Name:
Mailing Address:
City:
State:
ZIP Code:
Email Address:

Form OP-DEL
Delegation of Responsible Official Information
Federal Operating Permit Program
Texas Commission on Environmental Quality

III. Certification of Truth, Accuracy, and Completeness

I, _____
(Name printed or typed: RO for New DAR Identification; RO or DAR for Administrative Information Change)

, certify that, based on information and belief formed after reasonable inquiry, the statements, and information stated above are true, accurate, and complete. *(RO signature required for New DAR Identification only; DAR signature required for any Action Type)*

Responsible Official Signature: _____ Date: _____

Duly Authorized Representative Signature: _____ Date: _____

IV. Removal of Duly Authorized Representative(s)

The following should be removed as Duly Authorized Representative(s):

_____ Effective Date: _____

(Name(s) printed or typed)

Responsible Official Signature: _____ Date: _____

Form OP-DEL
Delegation of Responsible Official Information
Federal Operating Permit Program
(Extension)
Texas Commission on Environmental Quality

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:
Permit No.:
Area Name: