



TCEQ Core Data Form

TCEQ Use Only

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)	
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)	
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	3. Regulated Entity Reference Number (if issued)
CN	RN

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		01/11/2007	
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information		<input type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: e.g.: Doe, John)				If new Customer, enter previous Customer below:	
Trident Environmental Resource Consulting, LLC					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
0800757773		12088506311		208850631	
10. DUNS Number (if applicable)					
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited		Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship	
<input type="checkbox"/> Other:		12. Number of Employees		13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check one of the following:					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:					
15. Mailing Address:					
3205 Button Bush					
City		Keller		State	
TX		ZIP		76244	
ZIP + 4					
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				tim.terc@verizon.net	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	
(866) 531 - 8372		1		() -	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information	
The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Trident Environmental Resource Consulting, LLC	

23. Street Address of the Regulated Entity: (No PO Boxes)	3205 Button Bush						
	City	Keller	State	TX	ZIP	76244	ZIP + 4
24. County	Tarrant						

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	Same as above				
26. Nearest City			State		Nearest ZIP Code
27. Latitude (N) In Decimal:		32.9539		28. Longitude (W) In Decimal: -97.2935	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
32	95	39	-97	29	35
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)	
5093		1629		562920	
				32. Secondary NAICS Code (5 or 6 digits)	
				562000	
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)					
Processing and removal of tires from illegal tire dumps in Texas for TCEQ, Counties, Municipalities, and individuals.					
34. Mailing Address:	3205 Button Bush				
	City	Keller	State	TX	ZIP
35. E-Mail Address:		tim.terc@verizon.net			
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)	
(866) 531 - 8372		1		() -	

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

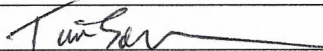
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input checked="" type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

SECTION IV: Preparer Information

40. Name:	Tim Sommers		41. Title:	President
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(817) 320 - 9009		() -	tim.terc@verizon.net	

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	Trident Environmental Resource Consulting, LLC	Job Title:	President
Name(In Print):	Tim Sommers	Phone:	(817) 320 - 9009
Signature:		Date:	3/17/17