



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)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 605450303		RN _____

SECTION II: Customer Information

4. General Customer Information	5. Effective Date for Customer Information Updates (mm/dd/yyyy)		_____	
<input checked="" type="checkbox"/> New Customer <input 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)				
<i>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).</i>				
6. Customer Legal Name (If an individual, print last name first: e.g.: Doe, John)			If new Customer, enter previous Customer below:	
MedCare Environmental Solutions, Inc.			_____	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)	
0802820195	_____	_____	_____	
11. Type of Customer:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input 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 type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" 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:	P.O. Box 21106			
	City	Amarillo	State	TX
	ZIP	79114	ZIP + 4	_____
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)	
_____			_____	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)
(806) 355 - 3035		_____		(_____) _____ - _____

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 checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
<i>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).</i>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
MedCare Environmental Solutions	

23. Street Address of the Regulated Entity: (No PO Boxes)	9119 Billy The Kid Street							
	City	El Paso	State	TX	ZIP	79907	ZIP + 4	
24. County	El Paso							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	The site is located on the north right-of-way of Billy The Kid Street approximately 1,100 feet east of the intersection of North Zaragoza Road and Billy The Kid Street.											
26. Nearest City	El Paso				State	TX	Nearest ZIP Code		79907			
27. Latitude (N) In Decimal:	31.698244			28. Longitude (W) In Decimal:	-106.320483							
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds							
31°	41'	53.68"	106°	19'	13.74"							
29. Primary SIC Code (4 digits)	4959		30. Secondary SIC Code (4 digits)	4953		31. Primary NAICS Code (5 or 6 digits)	562211			32. Secondary NAICS Code (5 or 6 digits)	562998	

33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)

Medical Waste Treatment/Processing

34. Mailing Address:	P.O. Box 21106								
	City	Amarillo	State	TX	ZIP	79114	ZIP + 4		
35. E-Mail Address:	nord@medcreenenvironmental.com								
36. Telephone Number			37. Extension or Code		38. Fax Number (if applicable)				
(806) 355 - 3035					() -				

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 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:	Clint Green		41. Title:	Engineering Technician/Designer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(806) 352 - 7117		(806) 352 - 7188	clint.green@ojdengineering.com	

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:	MedCare Environmental Solutions, Inc.	Job Title:	CEO, Company President
Name (In Print):	Nord Sorensen	Phone:	(806) 355 - 3035
Signature:		Date:	