TCEQ Use Only

TCEQ Core Data Form

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.)*

* New Permit, Registration or Authorization (*Core Data Form should be submitted with the program application.)*

* Renewal *(Core Data Form should be submitted with the renewal form)*

* 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 600505960		**RN 102540960**

SECTION II: Customer Information

4. General Customer Information	**5. Effective Date for Customer Information Updates** (mm/dd/yyyy)	*****

* New Customer * Update to Customer Information * Change in Regulated Entity Ownership

*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: eg: Doe, John)* *If new Customer, enter previous Customer below:*

Milwhite, 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)*
0006016100	17407873508	*****	*****

11. Type of	* Corporation	* Individual	Partnership: * General * Limited
Government: * City * County * Federal * State * Other		* Sole	* Other: *****

12. Number of Employees	**13. Independently Owned and Operated?**
* 0-20 * 21-100 * 101-250 * 251-500 * 501 and higher	* **Yes** * **No**

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following:*

*Owner * Operator * Owner & Operator

*Occupational Licensee * Responsible Party * Voluntary *Other: ***** _____

Cleanup Applicant

15. Mailing Address:	5487 South Padre Island Highway						
	*****						
	City	Brownsville	**State**	TX	**ZIP**	78521	**ZIP + 4**	****

16. Country Mailing Information *(if outside USA)*	**17. E-Mail Address** *(if applicable)*
*****	HGuerrero@milwhite.com

18. Telephone Number	**19. Extension or Code**	**20. Fax Number** *(if applicable)*
(956) 547-1970*****	*****	(956) 547-1998**

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)*

* New Regulated Entity * Update to Regulated Entity Name * 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.)*

Brownsville Facility

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	5487 South Padre Island Highway							
	*****							
	City	Brownsville	**State**	TX	**ZIP**	78521	**ZIP + 4**	****
24. County	Cameron							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	5487 South Padre Island Highway

26. Nearest City	**State**	**Nearest ZIP Code**
Brownsville	TX	78521

27. Latitude (N) In Decimal:	*****	**28. Longitude (W) In Decimal:**	*****

Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
25	55	51	97	27	13

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
1422	****	*****	*****

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

Bulk minerals

34. Mailing Address:	**5487 South Padre Island Highway**							
	*****							
	City	**Brownsville**	**State**	**TX**	**ZIP**	**78521**	**ZIP + 4**	****
35. E-Mail Address:	**HGuerrero@milwhite.com**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** ***(if applicable)***
(956) 547-1970**	*****	**(956) 547-1998****

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.

* Dam Safety	* Districts	* Edwards Aquifer	* Emissions Inventory Air	* Industrial Hazardous Waste
*****	*****	*****	*****	*****
* Municipal Solid Waste	* New Source Review Air	* OSSF	* Petroleum Storage Tank	* PWS
*****	7357	*****	*****	*****
* Sludge	* Storm Water	* Title V Air	* Tires	* Used Oil
*****	*****	*****	*****	*****
* Voluntary Cleanup	* Waste Water	* Wastewater Agriculture	* Water Rights	* Other: *****
*****	*****	*****	*****	*****

SECTION IV: Preparer Information

40. Name:	Venkata Godasi	41. Title:	Graduate Engineer

42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(713) 974-2272**	*****	(**) ***-***** *	vgodasi@aarcenv.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:	Milwhite, Inc.	Job Title:	Financial Manager
Name *(In Print)* :	Mr. Hector Guerrero	Phone:	(956) 547-1970**
Signature:		Date:	*****