

Bryan W. Shaw, Ph.D., P.E., *Chairman*
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Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
Protecting Texas by Reducing and Preventing Pollution

March 18, 2015

MR ROBERT STERRETT
PLANT MANAGER
CHEM GUARD INC
204 S 6TH AVE
MANSFIELD TX 76063-2304

Re: Change in Ownership
Customer Number: CN603853102

Dear Mr. Sterrett:

Thank you for your request received on February 2, 2015, notifying us of the change in ownership. Your letter states that Chemguard, Inc. is now the Owner and Operator of the facility or facilities listed in the enclosed document. Our records have been updated to reflect this change.

We understand that there will be no change in the type of pollutants emitted and no increase in the quantity of emissions. As the new permittee/registrant, you have committed to maintain compliance with all air quality regulations and applicable rule requirements of the Texas Commission on Environmental Quality.

Thank you for informing us of this change in ownership. If you have any questions regarding this letter, please feel free to contact Ms. Brooke Grunnet at (512) 239-1339.

Sincerely,

A handwritten signature in black ink that reads "Johnny D. Bowers".

Johnny D. Bowers, Team Leader
Air Permits Initial Review Team
Air Permits Division
Texas Commission on Environmental Quality

JDB/bg

cc: Air Section Manager, Region 4 - Fort Worth
Mr. Mark Chambers, Emissions Assessment Section (MC-164), Austin
Mr. Adam Bullock, Emissions Assessment Section (MC-164), Austin
Ms. Jeanette Emanuel, Emissions Assessment Section (MC-164), Austin
TCEQ Central Records (MC-198)

Enclosure

Change in Ownership Table

Regulated Entity Number	Account Number	Permit / Registration Number	Permit / Registration Expiration Date	Previous Permittee / Registrant	TCEQ Region	County
RN100977156	TA-3386-Q	34112	NA	Central Sprinkler Company	4 - Fort Worth	Tarrant
RN100977156	TA-3386-Q	39995	NA	Central Sprinkler Company	4 - Fort Worth	Tarrant
RN100977156	TA-3386-Q	101561	NA	Central Sprinkler Company	4 - Fort Worth	Tarrant
RN100977156	TA-3386-Q	125321	NA	Central Sprinkler Company	4 - Fort Worth	Tarrant
RN100977156	TA-3386-Q	101577		Central Sprinkler Company	4 - Fort Worth	Tarrant

Brooke Grunnet

From: Brooke Grunnet
Sent: Wednesday, March 18, 2015 4:33 PM
To: ROBERT.STERRETT@TYCOFP.COM
Cc: MANUEL.DELAFUENTE@TYCOFP.COM; RFCAIR4; Mark Chambers; Adam Bullock; Jeanette Emanuel
Subject: Change in Ownership for Chemguard, Inc.
Attachments: 231159.Docx

Robert Sterrett,

This is confirmation that your request for change in ownership received on February 2, 2015 has been completed. Please refer to the attached letter for more details.

Thank you,

Brooke Grunnet

03/18/2015 -----NSR IMS - PROJECT RECORD -----

PROJECT#: 231159 STATUS: PENDING DISP CODE: _____
 RECEIVED: 02/02/2015 PROJTYPE: OWNCHANGE ISSUED DT: _____

PROJECT ADMIN NAME: CHANGE OF OWNERSHIP
 PROJECT TECH NAME: CHEMGUARD MANSFIELD

STAFF ASSIGNED TO PROJECT:

GRUNNET , BROOKE - REVIEW ENG - AP INITIAL REVIEW

CUSTOMER INFORMATION (OWNER/OPERATOR DATA)

ISSUED TO: CHEMGUARD, INC.
 COMPANY NAME: Chemguard, Inc.
 CUSTOMER REFERENCE NUMBER: CN603853102

REGULATED ENTITY/SITE INFORMATION

REGULATED ENTITY NUMBER: RN100977156 ACCOUNT: TA3386Q
 REGULATED ENTITY LOCATION: 204 S 6TH AVE
 REGION 04 - DFW METROPLEX NEAR CITY: MANSFIELD COUNTY: TARRANT

CONTACT/PERMIT INFORMATION

CONTACT NAME: MR ROBERT STERRETT CONTACT ROLE: RESPONSIBLE OFFICIAL
 JOB TITLE: PLANT MANAGER ORGANIZATION: CHEMGUARD INC
 MAILING ADDRESS: 204 S 6TH AVE, MANSFIELD, TX, 76063-2304
 PHONE: (817) 473-9964 Ext: 0
 EMAIL:ROBERT.STERRETT@TYCOFP.COM

PERMIT#: 34112 AUTHTYPE: EXEMPT RENEWAL:
 PERMIT NAME: CHEMGUARD INCORPORATED
 PERMIT#: 39995 AUTHTYPE: PBR RENEWAL:
 PERMIT NAME: CHEMGUARD INCORPORATED
 PERMIT#: 101561 AUTHTYPE: PBR RENEWAL:
 PERMIT NAME: CHEMGUARD
 PERMIT#: 125321 AUTHTYPE: PBR RENEWAL:
 PERMIT NAME: FP 326 R AND D PROCESS

PROJECT NOTES:

03/18/2015 CHANGE OF OWNERSHIP EFFECTIVE 12/06/2012

TRACKING ELEMENTS:

TE Name	Start Date	Complete Date
APIRT RECEIVED PROJECT (DATE)	02/02/2015	
APIRT TRANSFERRED PROJECT TO TECHNICAL STAFF (DATE)		
CENTRAL REGISTRY UPDATED		
ENHANCED ADMINISTRATIVE OR APPLICATIONS REVIEW (EAR)		



**Texas Commission on Environmental Quality
Air Permits Division
Change of Name/Ownership Form**

I. Application Type		
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Change in Company Name	
II. Name of the New Owner or Operator of the Facilities or Equipment (Legal Entity Name of the new permittee)		
A. Customer Name: CHEM GUARD INC.		
B. Customer Reference Number (CN) (if issued): 604038073 603853102		
C. Submittal Date: 3/5/2015		
D. Effective Date of Change: 3/5/2015 12/6/2012 <i>pls</i>		
E. Is the new owner an affiliate of the previous owner?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
III. Responsible Official (RO) Contact Information		
Name (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.): ROBERT J. STERRETT		
Title: PLANT MANAGER		
Company Name: TYCOFF PROTECTION PRODUCTS Chemguard Inc <i>bc</i>		
Mailing Address: 204 SOUTH 6 TH AVENUE		
City: MANSFIELD	State: TX	Zip Code: 76063
Territory:	Country:	
Foreign Postal Code:	Internal Mail Code:	
Telephone No.: 817-473-9964	Fax No.: 817-473-0606	
E-mail Address: Robert.sterrett@tycofp.com		
IV. Technical Contact Information		
Name (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.): MANUEL DE LA FUENTE		
Title: EHS MANAGER		
Company Name: CHEM GUARD INC.		
Mailing Address: 204 SOUTH 6 TH AVENUE		
City: MANSFIELD	State: TX	Zip Code: 76063
Territory:	Country:	
Foreign Postal Code:	Internal Mail Code:	
Telephone No.: 817-473-9964	Fax No.: 817-473-0606	
E-mail Address: manuel.delafuente@tycofp.com		
V. Site Information		
A. Site Name: CHEM GUARD MANSFIELD		
B. Regulated Entity Number (RN) (if issued): 100977136		
C. Account Number (if issued): TA3386Q		



Texas Commission on Environmental Quality
Air Permits Division
Change of Name/Ownership Form

V. Site Information (continued)								
D. If action is transfer of ownership, is the change for the entire site?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A							
E. If action is transfer of ownership for a portion of the existing site, will the new site be a major source?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A							
F. Indicate all pollutants for which the site is a major source based on the site's potential to emit.								
Pollutant:	VOC	NO _x	SO ₂	PM ₁₀	CO	PB	HAPs	Other
Major at the Site (YES/NO):	NO	NO	NO	NO	NO	NO	NO	
VI. Air Authorizations That Are Affected By This Action								
A. List all NSR authorizations (including PBR, SE, and standard permit registrations, and NSR permits), as applicable: AFS4843901739; NSR101577; NSR101561; NSR125321; NSR34112; NSR39995								
B. List all FOPs (including SOPs and ATOs under GOPs), as applicable:								
VII. NSR Conditions for Change of Ownership under 30 TAC § 116.110(e)								
<ul style="list-style-type: none"> • The new owner agrees to be bound by all the permit conditions and all representations made in the permit and any amendments and alterations. • The new owner asserts there will be no change in the type of pollutants emitted. • The new owner asserts there will be no increase in the quantity emitted. 								
VIII. FOP Conditions for Change of Ownership								
<ul style="list-style-type: none"> • For SOP holders: Pursuant to 30 TAC § 122.210 and § 122.211, the permit holder (new owner) is required to submit a permit revision application for a change to the permit identification of ownership or operational control of a site. The change must be facilitated by a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the old and new permit holder. This written agreement is maintained with the permit. • For GOP holders: Pursuant to 30 TAC § 122.503, the permit holder (new owner) is required to submit (before the change is operated) an application for a new authorization to operate for a change to the permit identification of ownership or operational control of a site. The change must be facilitated by a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the old and new permit holder. This written agreement is maintained with the permit. 								
A. Are any other changes needed for the FOP? <i>(If YES, submit the information as explained in the instructions.)</i>							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
B. Is there an Acid Rain permit or Clean Air Interstate Rule (CAIR) permit included in the SOP? <i>(If YES, submit the information as explained in the instructions.)</i>							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IX. Authorization								
I, ROBERT J. STERRETT, certify that I am the responsible official for this application and that, based on information and belief formed after reasonable inquiry, the statements and information on this form are true, accurate, and complete.								
Signature: <i>Robert Sterrett</i>					Signature Date: 3/5/2015			
Title: PLANT MANAGER								



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 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 checked="" type="checkbox"/> Other CHANGE IN LEGAL NAME
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Customer Reference Number (if issued)	4. Regulated Entity Reference Number (if issued)
CN 604058073 CN603853102	RN 100977156

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		1/2/2015	
6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only 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: _____
7. General Customer Information			
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information	
<input checked="" type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)		<input type="checkbox"/> Change in Regulated Entity Ownership	
		<input type="checkbox"/> No Change**	
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.			
8. Type of Customer:		<input checked="" type="checkbox"/> Corporation	
		<input type="checkbox"/> Individual	
		<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> City Government		<input type="checkbox"/> County Government	
		<input type="checkbox"/> Federal Government	
		<input type="checkbox"/> State Government	
<input type="checkbox"/> Other Government		<input type="checkbox"/> General Partnership	
		<input type="checkbox"/> Limited Partnership	
		<input type="checkbox"/> Other: _____	
9. Customer Legal Name (If an Individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
CHEMGUARD INC.		End Date: _____	
10. Mailing Address:			
1733 FLETCHER WAY			
City	SANTA YNEZ	State	CA
ZIP	93460	ZIP + 4	9484
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
		MANUEL.DELAFUENTE@TYCOFP.COM	
13. Telephone Number		14. Extension or Code	
(817) 473-9964		225	
		15. Fax Number (if applicable)	
		(817) 473-0606	
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
201569305		32037361592	
		18. DUNS Number (if applicable)	
		19. TX SOS Filing Number (if applicable)	
		0801152961	
20. Number of Employees		21. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input checked="" 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 checked="" type="checkbox"/> No	

SECTION III: Regulated Entity Information

22. 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 checked="" type="checkbox"/> Update to Regulated Entity Name	<input type="checkbox"/> Update to Regulated Entity Information	<input type="checkbox"/> No Change** (See below)
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.			
23. Regulated Entity Name (name of the site where the regulated action is taking place)			
CHEMGUARD INC.			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	204 SOUTH 6TH AV.						
	City	MANSFIELD	State	TX	ZIP	76063	ZIP + 4
25. Mailing Address:	SAME						
	City		State		ZIP		ZIP + 4
26. E-Mail Address:	MANUEL.DELAFUENTE@TYCOFP.COM						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
(817) 473-9964	225		(817) 473-0606				
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)	32. Primary NAICS Code (6 or 8 digits)		33. Secondary NAICS Code (5 or 6 digits)			
2899	8734	325998		332911			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
BUILDING OF FIRE PROTECTION EQUIPMENT (TANKS, SKIDS, PIPING, ETC). PREPARATION OF FIRE FIGHTING FOAM PRODUCTS.							

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:					
36. Nearest City	County	State	Nearest ZIP Code		
37. Latitude (N) In Decimal:		38. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

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 or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form Instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input checked="" type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
			84012	
<input checked="" type="checkbox"/> New Source Review -- Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
TA3386Q; NSR101561; NSR34112; NSR39995; NSR101577; NSR125321.				
<input checked="" type="checkbox"/> Stormwater	<input type="checkbox"/> Title V -- Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
TXR05AD13				
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

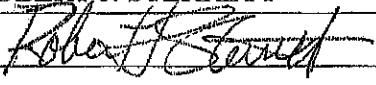
SECTION IV: Preparer Information

40. Name:	MANUEL DE LA FUENTE	41. Title:	EHS MANAGER
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(817) 473-9964	225	(817) 473-0606	MANUEL.DELAFUENTE@TYCOFP.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 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	CHEM GUARD INC.	Job Title:	PLANT MANAGER
Name (In Print):	ROBERT J. STERRETT	Phone:	(817) 473-9964
Signature:		Date:	2/2/2015

Stephanie Ross

From: Stephanie Ross
Sent: Wednesday, February 18, 2015 3:36 PM
To: MANUEL.DELAFUENTE@TYCOFP.COM
Subject: Change in Name RN100977156
Attachments: 20405.doc

Mr. De La Fuente,
I received your updated Core Data Form for the above listed site. In order to change the owner of the site and air permits, please complete the attached form. You can email it back to me when completed.

The following is a list of all the permits on the site and their current owner. Please let me know if you have any questions.

Stephanie Ross

<i>Chemguard Inc. (CN603853102)</i>			
Facility Name (Current or New If Change is Requested)	RN	RN LOCATION	CUSTOMER
CENTRAL SPRINKLE	RN100977156	204 S 6TH AVE, MANSFIELD TX	CENTRAL SPRINKLER COMPANY (CN
			CENTRAL SPRINKLER COMPANY (CN
			CENTRAL SPRINKLER COMPANY (CN
			CENTRAL SPRINKLER COMPANY (CN

Stephanie Ross

From: Johnny Bowers
Sent: Wednesday, February 18, 2015 2:14 PM
To: Stephanie Ross
Subject: FW: External Customer Request - Chemguard Inc
Attachments: 15.0266.NH.PDF

Johnny Bowers, Team Leader
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air
Texas Commission on Environmental Quality
Phone: (512) 239-6770
Fax: (512) 239-4500
E-mail: johnny.bowers@tceq.texas.gov
Web site: www.tceq.texas.gov
Please consider whether it is necessary to print this e-mail

How are we doing? www.tceq.texas.gov/customersurvey



From: Norma Hernandez
Sent: Wednesday, February 18, 2015 2:06 PM
To: Adam Bullock; Susan Palachek; Edward Minter; Johnny Bowers
Subject: External Customer Request - Chemguard Inc

Central Registry has received a cover letter and core data form from Chemguard requesting a change of ownership. Please review the attachment and contact the customer if additional information is required.

Star Acc Num TZ3386Q
P2Plan P09182
IHW 84012
AIRNSR: 101561, 101577, 1025321, 24112, 39995

Thank you,
Norma Hernandez
Enterprise Applications Management Team
Enterprise Support Section/IRD
512-239-2015

CHEM GUARD

Tyco Fire Protection Products
204 South 6th Avenue
Mansfield, TX 76063 USA
T + 1 817 473 9964
F + 1 817 473 0606
www.chemguard.com

2/2/2015

TCEQ
Central Registry Program, MC144
P.O. Box 13087
Austin TX 78711-3087

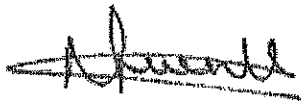
RE: Change in Legal Name
Chemguard Inc. – Mansfield Plant
Customer Number: CN603853102
Regulated Entity Number: RN100977156

On December 3rd, 2014, Chemguard Inc. submitted a letter to the TCEQ Central Registry requesting a change in the legal name from "Central Sprinkler Company" to "Central Sprinkler LLC."

Further discussion with our Legal Department revealed that it is in the best interest of our company to operate under Chemguard Inc. as our legal entity. Please, find enclosed the Core Data Form (TCEQ 10400) for the requested change in the legal name.

If you have any questions or comments about the information presented in this letter, please do not hesitate to call Manuel de la Fuente at 817-473-9964.

Sincerely,



Manuel de la Fuente | EHS Manager
Tyco Fire Protection Products
204 South 6th Street
Mansfield, TX 76063
Office: 817-473-9964 | ext 225

Stephanie Ross

From: Stephanie Ross
Sent: Monday, December 15, 2014 7:50 AM
To: MANUEL.DELAFUENTE@TYCOFP.COM
Subject: Change in Legal Name - RN100977156
Attachments: 20405_COWN.pdf

Mr. de la Fuente,

We have received your core data form for the above referenced facility and it is currently under review. The following item(s) are required before we can move forward with the change:

- The current customer's filing with the Texas Secretary of State (SOS) is listed as "Terminated." Because of the 'Terminated' status with SOS, we will have to transfer ownership of all the air permits on the site. After routine verification with the SOS, we found that the new customer name (CENTRAL SPRINKLER LLC) is not registered to do business in Texas. In order to transfer ownership of the site to the new customer, you will have to register CENTRAL SPRINKLER LLC with the SOS or provide a company name that is registered.
- A change in ownership form has to be filled out in the new owner's name. For your convenience, a blank form has been attached to this email.

Please respond to this email as soon as possible. If you have any questions, please do not hesitate to contact me.

Regards,

Stephanie V. Ross
APIRT, MC 161
Air Permits Division, Office of Air
Texas Commission on Environmental Quality
Phone: (512) 239-1215



Please consider the environment before printing this email

How is our customer service?

Fill out our customer satisfaction survey at www.tceq.texas.gov/customersurvey

Stephanie Ross

From: Johnny Bowers
Sent: Friday, December 12, 2014 1:18 PM
To: Stephanie Ross
Subject: FW: Central Sprinkler LLC
Attachments: 15.0158.MR.PDF

Johnny Bowers, Team Leader
Air Permits Initial Review Team
Air Permits Division, MC 161
Office of Air
Texas Commission on Environmental Quality
Phone: (512) 239-6770
Fax: (512) 239-4500
E-mail: johnny.bowers@tceq.texas.gov
Web site: www.tceq.texas.gov
Please consider whether it is necessary to print this e-mail

How are we doing? www.tceq.texas.gov/customersurvey

From: Monica Renteria
Sent: Friday, December 12, 2014 10:34 AM
To: Johnny Bowers; Hanne Nielsen; Edward Minter
Subject: Central Sprinkler LLC

Good morning, Central Registry received the attached CDF. It states that it is a legal name change and contact change. Did not find this change in SOS, but located the company in the Comptroller website without a filing number. Please make any applicable updates/changes/additions to your AI. If you have any questions or require any additional paperwork, please contact Manuel at 817-473-9964 ext 225.

Monica Renteria
Enterprise Application Management Team
512-239-5787



CHEM GUARD

USA

12/3/2014



Tyco Fire Protection Products
204 South 6th Avenue
Mansfield, TX 76063

T + 1 817 473 9964
F + 1 817 473 0606
www.chemguard.com

TCEQ
Central Registry Program, MC144
P.O. Box 13087
Austin TX 78711-3087

RE: *Change of Legal Name*
Central Sprinkler LLC . – Mansfield Plant
Customer Number: CN603853102
Regulated Entity Number: RN100977156

The intent of this letter is to request a change in the legal name from "Central Sprinkler Company" to "Central Sprinkler LLC.". The name "Central Sprinkler Company" as appears in the Central Registry has ceased to exist and consequently a change in the legal name in the Central Registry is required. Please, find enclose the Core Data Form (TCEQ 10400).

Additionally, we are requesting a change in the contact information for Central Sprinkler LLC. Please, find enclose the Contact Information Form (TCEQ-20233) detailing the requested change.

If you have any questions or comments about the information presented in this letter, please do not hesitate to call Manuel de la Fuente at 817-473-9964.

Sincerely,

A handwritten signature in black ink, appearing to read "Manuel de la Fuente", written over a horizontal line.

Manuel de la Fuente | EHS Manager
Tyco Fire Protection Products
204 South 6th Street
Mansfield, TX 76063
Office: 817-473-9964 | ext 225



TCEQ Contact Information Form

Introduction:

This form is to be used to update, replace or add new Contacts to active permits, registrations and authorizations. For the purpose of this form permits, registrations and authorization numbers will be referred to as additional IDs and the area of TCEQ that issued the additional IDs will be referred to as the program area. When completing this form it is important to fill in the additional ID(s) in field 6 and the program area that issued the additional ID in field 5. See the next page for instructions on filling out this form.

1. Regulated Entity Reference Number RN 100977156		2. Contact Start Date 10/20/2014		3. Contact End Date 10/10/2014	
4. Program Area AIRNSR IHW STORM WATER		5. Additional ID(s) TA3386Q; NSR101561; NSR34112; NSR39995; NSR101577; NSR125321 SWR84012 TXR05AD13			
6. <input type="checkbox"/> Add New Contact (to an already existing permit/registration) <input type="checkbox"/> Update Current Contact Information <input checked="" type="checkbox"/> Replace Existing					
***If replacing a contact, print the name of the contact being replaced: JAY DULICK					
7. Last Name DE LA FUENTE			First Name MANUEL		Middle Name
8. Contact Role (If Other, please specify)		<input type="checkbox"/> Operator Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Owner/Opr Contact <input type="checkbox"/> Facility Manager <input type="checkbox"/> Technical Contact <input type="checkbox"/> Consultant Contact <input checked="" type="checkbox"/> Primary Contact <input type="checkbox"/> Applicant Contact <input type="checkbox"/> Attorney <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Other ***			
*** If Other is selected above, contact the program area listed in field 6 to determine the correct Contact role type to use					
9. Job Title EHS Manager		11. Credentials			
10. Organization Name CENTRAL SPRINKLER LLC.		12. Alias			
13. Mailing Address 204 SOUTH 6TH AV.					
City: MANSFIELD		State: TEXAS		ZIP: 76063	ZIP + 4: Country: USA
<input checked="" type="checkbox"/> Work <input type="checkbox"/> Emergency <input type="checkbox"/> Cell <input type="checkbox"/> Home		14. Telephone Number (817) 473-9964		15. Fax Number (817) 473-0606	
<input type="checkbox"/> Work <input type="checkbox"/> Emergency <input type="checkbox"/> Cell <input type="checkbox"/> Home		16. Telephone Number () -		Ext./Code	
17. E-mail address (if available)		MANUEL.DELAFUENTE@TYCOFP.COM			

Signature

18. By my signature below, I declare that to the best of my knowledge the information contained in the above sections is true and complete, and that I am authorized to submit this form on behalf of the entity identified by the Customer Reference Number in field 2.

Company Name	CENTRAL SPRINKLER LLC.	Job Title	PLANT MANAGER
Name (Print)	ROBERT STERRETT	Date	12/1/2014

Signature: _____



Received
TCEQ
DEC 08 2014
EAMT
Central Registry

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 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 checked="" type="checkbox"/> Other CHANGE IN LEGAL NAME	
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CN 604058073		RN 100977156	

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		12/1/2014	
6. Customer Role (Proposed or Actual) as it relates to the Regulated Entity listed on this form. Please check only one of the following:			
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party	
<input checked="" type="checkbox"/> Owner & Operator		<input type="checkbox"/> Voluntary Cleanup Applicant	
<input type="checkbox"/> Other: _____			
7. General Customer Information			
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information	
<input checked="" type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)		<input type="checkbox"/> Change in Regulated Entity Ownership	
		<input type="checkbox"/> No Change**	
**If "No Change" and Section I is complete, skip to Section III - Regulated Entity Information.			
8. Type of Customer:			
<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
<input type="checkbox"/> City Government		<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> County Government		<input type="checkbox"/> Federal Government	
<input type="checkbox"/> Other Government		<input type="checkbox"/> State Government	
<input type="checkbox"/> General Partnership		<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Other: _____			
9. Customer Legal Name (If an individual, print last name first; ex: Doe, John) <i>If new Customer, enter previous Customer below</i> <i>End Date</i>			
CENTRAL SPRINKLER LLC.			
10. Mailing Address:			
1400 PENNBROOK PARKWAY			
City		LANSDALE	
State		PA	
ZIP		19446	
ZIP + 4			
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
		MANUEL.DELAFUENTE@TYCOFP.COM	
13. Telephone Number		14. Extension or Code	
(817) 473-9964			
		15. Fax Number (if applicable)	
		(817) 473-0606	
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
20-156930		32050891012	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
20. Number of Employees		21. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input checked="" 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 checked="" type="checkbox"/> No	

SECTION III: Regulated Entity Information

22. 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 checked="" type="checkbox"/> Update to Regulated Entity Name	
<input type="checkbox"/> Update to Regulated Entity Information		<input type="checkbox"/> No Change** (See below)	
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.			
23. Regulated Entity Name (name of the site where the regulated action is taking place)			
CENTRAL SPRINKLER LLC.			

Central Sprinkler LLC

24. Street Address of the Regulated Entity: (No P.O. Boxes)	204 SOUTH 6TH AV.						
	City	MANSFIELD	State	TX	ZIP	76063	ZIP + 4
25. Mailing Address:	SAME						
	City		State		ZIP		ZIP + 4
26. E-Mail Address:	MANUEL.DELAFUENTE@TYCOFF.COM						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
(817) 473-9964	225		(817) 473-0606				
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)	32. Primary NAICS Code (6 or 8 digits)		33. Secondary NAICS Code (5 or 6 digits)			
2899	8734	325998		332911			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
BUILDING OF FIRE PROTECTION EQUIPMENT (TANKS, SKIDS, PIPING, ETC). PREPARATION OF FIRE FIGHTING FOAM PRODUCTS.							

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:							
36. Nearest City	County		State		Nearest ZIP Code		
37. Latitude (N) In Decimal:	38. Longitude (W) In Decimal:						
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		

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 or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input checked="" type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
			84012	
<input checked="" type="checkbox"/> New Source Review – Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
TA3386Q; NSR101561; NSR34112; NSR39995; NSR101577; NSR125321.				
<input checked="" type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
TXR05AD13				
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other

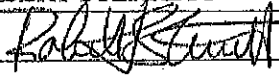
SECTION IV: Preparer Information

40. Name:	MANUEL DE LA FUENTE			41. Title:	EHS MANAGER
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(817) 473-9964	225	(817) 473-0606	MANUEL.DELAFUENTE@TYCOFF.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 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	CENTRAL SPRINKLER LLC.	Job Title:	PLANT MANAGER
Name (in Print):	ROBERT STERRETT	Phone:	(817) 473-9964
Signature:		Date:	12/3/2014

Brooke Grunnet

From: Stephanie Ross
Sent: Friday, March 06, 2015 7:35 AM
To: Brooke Grunnet
Subject: FW: Change in Name RN100977156
Attachments: 03052015_Name Change Air Section.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

From: De La Fuente, Manuel [<mailto:manuel.delafuente@tycofp.com>]
Sent: Thursday, March 05, 2015 4:10 PM
To: Stephanie Ross
Subject: RE: Change in Name RN100977156

Please, find attached the corresponding form for a change in name from Central Sprinkler Co. to Chemguard Inc.

Thanks

Manuel de la Fuente
EHS Manager - **Tyco Fire Protection Products**
Tel: +1 817 473 9964 X225 / Mobile: +1 817 739 7414 / Fax: +1 817 473 0606
204 South Sixth Avenue, Mansfield, TX 76063, USA
manuel.delafuente@tycofp.com / www.chemguard.com



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From: Stephanie Ross [<mailto:Stephanie.Ross@tceq.texas.gov>]
Sent: Monday, March 02, 2015 12:32 PM
To: De La Fuente, Manuel
Subject: Change in Name RN100977156

Second Request:

Please respond no later than Friday, March 6th, 2015. After this date, the documents will be sent to the file room and the change of ownership not completed. Should you still need to process this change in ownership, a new set of forms will have to be submitted to the TCEQ. Please contact me at (512) 239-1215 should you have any questions.

-Stephanie Ross

Mr. De La Fuente,

I received your updated Core Data Form for the above listed site. In order to change the owner of the site and air permits, please complete the attached form. You can email it back to me when completed.

The following is a list of all the permits on the site and their current owner. Please let me know if you have any questions.

Stephanie Ross

Chemguard Inc. (CN603853102)			
Facility Name (Current or New if Change is Requested)	RN	RN LOCATION	CUSTOMER
CENTRAL SPRINKLE	RN100977156	204 S 6TH AVE, MANSFIELD TX	CENTRAL SPRINKLER COMPANY (CN
			CENTRAL SPRINKLER COMPANY (CN
			CENTRAL SPRINKLER COMPANY (CN
			CENTRAL SPRINKLER COMPANY (CN

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