

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 6, 2014

MR GREG SCHKADE
OWNER
3003 COLLISION LLC
3003 S BRYANT BLVD
SAN ANGELO TX 76903-9211

Re: Change in Ownership
Customer Number: CN604535286

Dear Mr. Schkade:

Thank you for your request received on March 5, 2014, notifying us of the change in ownership. Your letter states that 3003 COLLISION, LLC 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. Sandra Young at (512) 239-1326.

Sincerely,

A handwritten signature in black ink, appearing to read "Johnny D. Bowers".

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

JDB/sy

cc: Air Section Manager, Region 8 - San Angelo
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
RN100636620	TG-0161-U	25878	NA	Calvert Collision Center	8 - San Angelo	Tom Green
RN100636620	TG-0161-U	46080	NA	Calvert Collision Center Inc.	8 - San Angelo	Tom Green
RN100636620	TG-0161-U	94608	NA	Calvert Collision Center Inc.	8 - San Angelo	Tom Green

APIRT RECEIVED PROJECT (DATE)

03/05/2014

CENTRAL REGISTRY UPDATED

03/06/2014

03/06/2014

APIRT TRANSFERRED PROJECT TO TECHNICAL STAFF (DATE)

ENHANCED ADMINISTRATIVE OR APPLICATIONS REVIEW (EAR)



AIR PERMITS DIVISION

MAR 05 2014

RECEIVED 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)		MAR 05 2014 APIRT
<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)	
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Customer Reference Number (If Issued)	Follow this link to search for CN or RN numbers in Central Registry**	4. Regulated Entity Reference Number (if issued)
CN 604535286		RN 100636620

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)	7/1/2013		
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 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)		<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 checked="" type="checkbox"/> Other: LLC
9. Customer Legal Name (If an individual, print last name first ex: Doe, John)		If new Customer, enter previous Customer below	
3003 Collision LLC, dba Calvert Collision Center		Calvert Collision Center Inc	
3003 S Bryant Blvd			
10. Mailing Address	City	State	ZIP
	San Angelo	TX	76903
			ZIP + 4 9211
11. Country Mailing Information (if outside USA)	12. E-Mail Address (if applicable)		
	calvertcollision@suddenlinkmail.com		
13. Telephone Number	14. Extension or Code	15. Fax Number (if applicable)	
(325) 659-2339		(325) 659-2733	
16. Federal Tax ID (9 digits)	17. TX State Franchise Tax ID (11 digits)	18. DUNS Number (if applicable)	19. TX SOS Filing Number (if applicable)
	32050974602		801784057 ✓
20. Number of Employees		21. 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Update to Regulated Entity Name	<input type="checkbox"/> Update to Regulated Entity Information	<input checked="" 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)			
Calvert Collision Center			

206984

24. Street Address of Regulated Entity (No. P.O. Boxes)	3003 S Bryant Blvd							
	City	San Angelo	State	TX	ZIP	76903	ZIP + 4	9211
25. Mailing Address:	3003 S Bryant Blvd							
	City	San Angelo	State	TX	ZIP	76903	ZIP + 4	9211
26. E-Mail Address:	calvertcollision@suddenlinkmail.com							
27. Telephone Number	28. Extension or Code			29. Fax Number (if applicable)				
(325) 659-2339				(325) 659-2733				
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)		32. Primary NAICS Code (5 or 6 digits)		33. Secondary NAICS Code (5 or 6 digits)			
7632			811121					
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)								
autobody repair & refinishing								

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

35. Description to Physical Location:	3003 S Bryant Blvd							
36. Nearest City	County			State		Nearest ZIP Code		
San Angelo	Tom Green			TX		76903		
37. Latitude (N) - In Decimal:			38. Longitude (W) - In Decimal:					
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
31	25	53.7746	100	26	31.2602			

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
			SWR67741, 82242, TXR000040899	
<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
46080, 25878, 94608				
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V - Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
<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

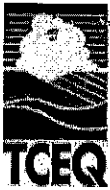
40. Name:	Brenda McCary			41. Title:	Bookkeeper		
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address				
(325) 659-2339		(325) 659-2733	calvertcollision@suddenlinkmail.com				

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.)

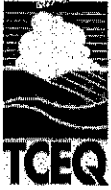
Company:	3003 Collision, LLC dba Calvert Collision Center		Job Title:	Owner			
Name (In Print):	Greg Schkade				Phone:	(325) 659-2339	
Signature:					Date:	2/26/2014	



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

**MAR 05 2014
APIRT**

I. Application Type		
<input checked="" type="checkbox"/> Change in Ownership	<input 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: 3003 Collision, LLC dba Calvert Collision Center		
B. Customer Reference Number (CN) (if issued): CN601302797 (old owner's number)		
C. Submittal Date: 02/27/2014		
D. Effective Date of Change: 07/01/2013		
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.): Greg Schkade		
Title: Owner		
Company Name: 3003 Collision, LLC dba Calvert Collision Center		
Mailing Address: 3003 S. Bryant Blvd.		
City: San Angelo	State: TX	Zip Code: 76903
Territory: N/A		Country: USA
Foreign Postal Code: N/A		Internal Mail Code: N/A
Telephone No.: 325-659-2339		Fax No.: 325-659-2733
E-mail Address: calvertcollision@suddenlinkmail.com		
IV. Technical Contact Information		
Name (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.):		
Title: Lynn Terrell		
Company Name: 3003 Collision, LLC dba Calvert Collision Center		
Mailing Address: 3003 S. Bryant Blvd.		
City: San Angelo	State: TX	Zip Code: 76903
Territory: N/A		Country: USA
Foreign Postal Code: N/A		Internal Mail Code: N/A
Telephone No.: 325-659-2339		Fax No.: 325-659-2733
E-mail Address: calvertcollision@suddenlinkmail.com		
V. Site Information		
A. Site Name: Calvert Collision Center		
B. Regulated Entity Number (RN) (if issued): RN100636620		
C. Account Number (if issued): TG-0161-U		



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

VI Site Information (continued)								
D. If action is transfer of ownership, is the change for the entire site?							<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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	N/A
VII 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: 94608								
B. List all FOPs (including SOPs and ATOs under GOPs), as applicable: N/A								
VIII NSR Conditions for Change of Ownership under 30 TAC § 116.110(c)								
<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. 								
IX 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, <u>Greg Schkade</u> , 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: <u></u>						Signature Date: <u>02/27/2014</u>		
Title: <u>Owner</u>								