PST 070761 _RE_ 20190612 _UST
For internal use only

Owner's Customer No.: CN **Facility's Regulated Entity No.: RN**

TCEQ - UNDERGROUND STORAGE TANK REGISTRATION & SELF-CERTIFICATION FORM

(Use this form for filing registration and self-certification information) Page 1 of 5

For Use in TEXAS

Texas Commission On Environmental Quality

• *Please mail completed form to:*
Petroleum Storage Tank Registration Team (MC-138)
Texas Commission on Environmental Quality
P. O. Box 13087
Austin, Texas 78711-3087
(512) 239-2160 Fax (512)239-3398
MAKE A COPY OF FORM FOR YOUR RECORDS

TCEQ Facility ID No.: 0070761
TCEQ Owner ID No.: 55667
Federal Tax ID No. : 71-0885625

1. TANK OWNER INFORMATION

TANK OWNER BUSINESS OR LAST NAME: INTL BUSINESS CONNECTION
TANK OWNER FIRST NAME:
OWNER MAILING ADDRESS: 5251 N Beach St
CITY: Fort Worth STATE: TX ZIP CODE: 76137
COUNTRY (OUTSIDE USA):
E-MAIL ADDRESS: QuickShopTexas@yahoo.com
OWNER'S AUTHORIZED REPRESENTATIVE TITLE: TELEPHONE NO.
STATE FRANCHISE TAX ID: 1-71-0885625-7
DUNS NO: 03-811-1120

TYPE OF TANK OWNER:
☐ Individual ☑ Corporation ☐ Common Carrier Railroad
☐ Federal Gov't ☐ State Gov't ☐ Local Gov't
☐ County Gov't ☐ City Gov't ☐ Sole Proprietorship

LOCATION OF RECORDS:
☑ At facility ☐ Offsite at:
OFFSITE RECORDS LOCATION ADDRESS CITY STATE
RECORDS CUSTODIAN/CONTACT PERSON: Sikandar Choudhury TELEPHONE NO. 972-822-373
FAX NO: 817-838-8987
INDEPENDENTLY OWNED & OPERATED ☑ YES ☐ NO
NUMBER OF EMPLOYEES ☑ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 & HIGHER

** ***For Self-Certification only this form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the Delinquent Fee and Penalty Protocol.*** **

2. FACILITY INFORMATION

FACILITY NAME: Quick Shop Food Mart
PHYSICAL LOCATION: 5251 N Beach St
CITY: Fort Worth ZIP CODE: 76137 COUNTY: Tarrant
ON-SITE CONTACT PERSON: Sikandar Choudhury TITLE: President TELEPHONE NO.: 972.822.3735
E_MAIL ADDRESS: QuickShopTexas@yahoo.com FAX NUMBER: 817-838-8987
LATITUDE Degrees Minutes Seconds
LONGITUDE Degrees Minutes Seconds

TYPE OF FACILITY: ☐ Emergency Generator ☐ Wholesale
☑ Retail ☐ Farm or Residential ☐ Fleet Refueling
☐ Aircraft Refueling ☐ Indian Land ☐ Watercraft Fueling
☐ Industrial/Manufacturing/Chemical Plant
Number of regulated *USTs at this facility:
*Underground Storage Tanks (USTs)
Number of regulated *ASTs at this facility:
*Aboveground Storage Tanks (ASTs)
PRIMARY SIC CODE SECONDARY SIC CODE
PRIMARY NAICS CODE SECONDARY NAICS CODE

*** PRIOR TO RETAIL SALE OF FUEL TO THE PUBLIC USING MEASURED DISPENSING DEVICES, ANY METER MUST BE REGISTERED WITH THE TEXAS DEPARTMENT OF AGRICULTURE 1-800-TELL-TDA (1-800-835-5832).

3. TANK OPERATOR* INFORMATION ☑ (mark here if same as owner)

* "Operator" means any person in day-to-day control of, and having responsibility for, the daily operation of the UST system.
TCEQ Operator ID No.: (Assigned by TCEQ) CN
TANK OPERATOR NAME: (DO NOT LIST EMPLOYEES OF OPERATOR) INTL Business Connection Inc
MAILING ADDRESS: 5251 N Beach St
CITY: Fort Worth STATE: TX ZIP CODE: 76137
OPERATOR'S AUTHORIZED REPRESENTATIVE: Sikandar Choudhury TITLE: Mgr. TELEPHONE NO: 817-838-8982

TYPE OF TANK OPERATOR:
☐ Individual ☑ Corporation
☐ Sole Proprietorship ☐ Federal Gov't
☐ State Gov't ☐ County Gov't
☐ Local Gov't ☐ City Gov't

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Date listed person became operator: 03. 23. 2000

TCEQ Facility ID No

TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM

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For Self-Certification Annual Renewal, **Sections 1 thru 5 and 7 thru 9** must be completed. If there are any changes including change of ownership along with the renewal of the delivery certificate, **Sections 1 thru 5 and 7 thru 10 & 12** must be completed.

For Initial Registration, **Sections 1 thru 13**, the complete form should be completed.

For data verification purposes, please check our IWR (Integrated web reporting) web page
www15.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch

If you have any questions on how to fill out this form or about the PST Registration program, please contact us at 512/239-2160.

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512-239-2160.

4. REASON FOR THIS FILING

PART A). UST REGISTRATION INFORMATION *(Mark all that apply):*

☐ Initial Registration ☐ UST Ownership Change *(New Owner indicate effective date :)* ☐

☐ Amendment of: A ☐ Owner Information B ☐ Operator Information C ☐ Facility Information
D ☐ UST System Information E ☐ Financial Assurance Information

☐ Operator Training

☑ Other *(specify)*: Annual Renewal – Storage Tank Self Certification

PART B). UST COMPLIANCE SELF-CERTIFICATION INFORMATION *(Mark all that apply):*

☐ Initial Certification at Facility (Including Tank Ownership Change) ☑ Annual Renewal

☐ New Tank at Facility ☐ Other *(specify)*:

5. TCEQ PROGRAMS IN WHICH THIS REGULATED ENTITY PARTICIPATES

Check all Programs and write in the permit/registration numbers that will be affected by the updates submitted on this form. Otherwise, the updates may not be made. If the program is not listed, check other and write it in.

☐ Animal Feeding Operation	☐ Dam Safety	☐ Districts
☐ Industrial & Hazardous Waste	☐ Municipal Solid Waste	☐ New Source Review - Air
☐ OSSF	☐ Petroleum Storage Tank	☐ Sludge
☐ Stormwater	☐ Tires	☐ Title V - Air
☐ Utilities	☐ Voluntary Cleanup Program	☐ Wastewater Agriculture
☐ Wastewater Permit	☐ Water Districts	☐ Water Rights
☐ Water Utilities	☐ Other	☐ Other
☐ Unknown	☐ Licensing - Type(s)	

6. OPERATOR TRAINING

Each class of operator – Class A, Class B, and Class C shall be trained and certified in accordance with Title 30, TAC 334 Subchapter N. Class A and Class B Operators must ensure that training certificates are maintained at each facility. A copy of the initial or new certificate must also be provided to the TCEQ with their annual self certification starting August 8, 2012. All classes of operators must be retrained within three years of their training date.

As of the signature date on this form, this site is in compliance with all Class A, B, and C UST facility operator training: ☑ Yes ☐ No

Class A Operator (Exactly as it appears on certificate)	
First Name: Sikandar	Last Name: Choudhury
Training Provider: API Safety	Date of Training: 11. 26. 2015
Class B Operator – Check Box if Same as Class A Operator ☑	
First Name	Last Name
Training Provider	Date of Training

TCEQ Facility ID No.

TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM

7. SELF-CERTIFICATION OF COMPLIANCE WITH UST REQUIREMENTS

Important: Completion of this section is required before TCEQ issues a UST Delivery Certificate. Delivery of regulated substances into regulated US is prohibited by state law unless a valid, current Delivery Certificate is available and/or displayed at the UST facility. **Any responses marked ANO@, any incomplete submittal, will result in non-issuance of a Delivery Certificate for this facility.**

• INDICATE RESPONSES TO EACH QUESTION BY MARKING X IN THE APPROPRIATE SPACE AT THE RIGHT.		YES	NO
REGISTRATION	• For regulated UST systems at the facility indicated below, is the registration information filed with the TCEQ pursuant to §334.7 of TCEQ rules (including information in this filing) complete, accurate, & up-to-date?	☒	☐
FACILITY FEES	• For regulated UST systems at the facility indicated below, have all facility fees billed to date to the current owner been paid in full (i.e., annual fees plus all late fees, penalties, & interest)? (Does not apply to common carrier railroads)	☒	☐
FINANCIAL ASSURANCE	• For regulated UST systems at the facility indicated below, does financial assurance coverage meet TCEQ requirements, as described in Chapter 37 Subchapter I of TCEQ rules, for first-party corrective action, third-party bodily-injury, and third-party property damage in the event of a petroleum release from these UST systems?	☒	☐
TECHNICAL STANDARDS	• For regulated UST systems at the facility indicated below, are all in compliance with technical standards, as described in TCEQ rules in §334.49 (relating to Corrosion Protection), §334.50 (relating to Release Detection), §334.51 (relating to Spill and Overfill Prevention and Control) and §334.43 (*relating to Variances and Alternative Procedures*) if a written variance to all or part of the requirements of the previous three sections has been granted by the TCEQ? **(A Aves@ response indicates that recordkeeping requirements and reporting duties have been met for 60 days prior to and including the date of certification.)**	☒	☐

I am certifying that the following UST systems at this facility are in compliance:
Tank ID #(s) ☐ 2 3 ☐ **as numbered on Pages 4 and 5 of this form.**
If certifying more UST systems, please list additional ID #s on another form.

This Self-Certification will not be processed or Delivery Certificate created unless Proof of Financial Assurance has been provi with this form. (State & Federal Entities Exempt)

8. FINANCIAL ASSURANCE INFORMATION

Financial Assurance (Petroleum USTs only)
Does this facility meet Financial Assurance (FA) requirements for both 1st party corrective action and 3rd party bodily injury/property damage liability? ☑ Yes ☐ No ☐ Exempt (state and federal entit

If YES, identify FA mechanism(s): ☑ Insurance (or risk retention group) ☐ Financial test ☐ Guarantee* ☐ Letter of credit* ☐ Surety bond* ☐ Local Gov. financial test * ☐ Local Gov. guarantee* ☐ Trust fund
*Also requires stand-by trust fund. ** Only available to local governments (counties, municipalities, and special districts).

Information pertaining to the financial assurance mechanism(s) used to demonstrate financial assurance under Chapter 37, Subchapter I of Title 30, Texas Administrative Code is as follows:

Name of Issuer: Mid Continent Casualty Co.	Phone # of Issuer: 800-722-4994	Policy or mechanism [redacted]
Coverage period Beginning: 04-01-2019 Ending: 04-01-2020	Coverage Amount s: Occurrence $ Annual Aggregate $ 1,000,000	Insurance Premium pre-paid for entire year?*** ☑ Yes ☐ No***For information purposes on

For questions regarding Financial Assurance, call the Financial Assurance Section at (512) 239-0300

9. TANK OWNER/OPERATOR SELF-CERTIFICATION (for Delivery Certificate)

I hereby certify under penalty of law to the following:
• **I am the (*mark one*):** ☑ **owner . . .** ☐ **legally-authorized representative of the owner . . .** ☐ **operator . . .** ☐ **legally-authorized representative of the operator . . .**
. . . of the regulated underground storage tank (UST) systems at this facility; AND
• I have personally examined and am familiar with the information included in Sections 1 through 4 AND 7; AND 8
• Based on my current knowledge and understanding, the submitted information is true, accurate, and complete; AND
• I understand that any person who intentionally or knowingly submits false information on this form is subject to criminal prosecution.

PRINTED NAME OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE) SIKANDAR CHOUDHURY **TITLE** President

SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE) [signature] **DATE OF SIGNATURE (PLEASE PRINT)** 06-11-2019

10. TANK OWNER/OPERATOR REGISTRATION (for Initial Registration or Changes)

I hereby represent the following:
• **I am the (*mark one*):** ☑ **owner . . .** ☐ **legally-authorized representative of the owner . . .** ☐ **operator . . .** ☐ **legally-authorized representative of the operator . . .**
. . . of the regulated underground storage tank (UST) systems at this facility; AND
• I have personally examined and am familiar with the information included in Sections 1 through 5, and Sections 8, 11 - 13; AND
• Based on my current knowledge and understanding, the submitted information is true, accurate, and complete and that I have signatu authority to submit this form on behalf of the entity in Section 1 and/or as required for the updates to the ID numbers identified in Section AND
• I understand that any person who intentionally or knowingly submits false information on this form is subject to criminal prosecution.

PRINTED NAME OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE) SIKANDAR CHOUDHURY **TITLE** President

SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE) [signature] **DATE OF SIGNATURE (PLEASE PRINT)** 06-11-2019