

Texas Commission on Environmental Quality

Air NSR Change of Ownership

Site Information (Regulated Entity)

Does the site have a physical address?	Yes
Physical Address	
Number and Street	600 NEW MEISTER LANE
City	PFLUGERVILLE
State	TX
ZIP	78660
County	TRAVIS
Latitude (N) (##.#####)	30.4821
Longitude (W) (-###.#####)	-97.6232
Primary SIC Code	
Secondary SIC Code	
Primary NAICS Code	
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN111498556
What is the name of the Regulated Entity (RE)?	AUSTIN DATA CENTER 1 AND AUSTIN DATA CENTER 2
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	600 NEW MEISTER LANE
City	PFLUGERVILLE
State	TX
ZIP	78660
County	TRAVIS
Latitude (N) (##.#####)	30.4821
Longitude (W) (-###.#####)	-97.6232
Facility NAICS Code	
What is the primary business of this entity?	

Authorization Information

Authorization Number, Site Name, Authorization Type	169833,AUSTIN DATA CENTER I,REG
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Customer (Applicant) Information

How is this applicant associated with this site?	Operator
What is the applicant's Customer Number (CN)?	
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Skybox Critical Operations, LLC
Texas SOS Filing Number	0805569442
Federal Tax ID	932218074
State Franchise Tax ID	
State Sales Tax ID	
Local Tax ID	
DUNS Number	
Number of Employees	21-100
Independently Owned and Operated?	Yes
I certify that the full legal name of the entity applying	Yes

for this permit has been provided and is legally authorized to do business in Texas.

Responsible Authority Contact

Organization Name	Skybox Critical Operations, LLC
Prefix	
First	Robert
Middle	
Last	Adkins
Suffix	
Credentials	
Title	SVP, Customer Solutions & Operations
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	3131 TURTLE CREEK BLVD
Routing (such as Mail Code, Dept., or Attn:)	Suite 650
City	DALLAS
State	TX
ZIP	75219
Phone (###-###-####)	5127641200
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	robert.adkins@skyboxcriticaloperations.com

Responsible Official Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	Skybox Critical Operations, LLC
Organization Name	Skybox Critical Operations LLC
Prefix	MR
First	Robert
Middle	
Last	Adkins
Suffix	
Credentials	
Title	SVP, Customer Solutions & Operations
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	3131 TURTLE CREEK BLVD
Routing (such as Mail Code, Dept., or Attn:)	Suite 650
City	DALLAS
State	TX
ZIP	75219
Phone (###-###-####)	5127641200
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	robert.adkins@skyboxcriticaloperations.com

APD NSR Change of Ownership General Information

Certification

As per 30 Texas Administrative Code (TAC) 116.110(e), the new owner shall certify the following:

- the date of the ownership change;
- the name, address, phone number, and contact person for the new owner;
- an agreement by the new owner to be bound by all permit conditions and all representations made in the permit application and any amendments and alterations;
- there will be no change in the type of pollutants emitted; and
- there will be no increase in the quantity of pollutants emitted.

The new owner shall comply with all permit conditions and all representations made in the permit application and any amendments and alterations. In addition, any permits by rule registration(s) authorized under 30 TAC Chapter 106 will remain in compliance with all applicable rule requirements.

1. I am Robert Adkins, the owner of the STEERS account ER100313.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Air NSR Change of Ownership multiple.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OPERATOR Signature:	Robert Adkins OPERATOR
Customer Number:	
Legal Name:	Skybox Critical Operations, LLC
Account Number:	ER100313
Signature IP Address:	47.219.88.104
Signature Date:	2024-06-19
Signature Hash:	F2D03A227E93038B1A86272A57D4175B78811365 93209E8C39759B0C5BDA3416
Form Hash Code at time of Signature:	E4CF9AF0B1F0AE4186DD7BE35D4F67F68E6955E 7CBC22F7F28D4073CCD3B32B3

Submission

Reference Number:	The application reference number is 659898
Submitted by:	The application was submitted by ER100313/Robert Adkins
Submitted Timestamp:	The application was submitted on 2024-06-19 at 10:32:28 CDT
Submitted From:	The application was submitted from IP address 47.219.88.104
Confirmation Number:	The confirmation number is 546589
Steers Version:	The STEERS version is 6.77

Additional Information

