

Texas Commission on Environmental Quality

APD Certification

Site Information (Regulated Entity)

What is the name of the site to be authorized?	SWITCH - ROUND ROCK
Does the site have a physical address?	Yes
Physical Address	
Number and Street	150 DELL WAY
City	ROUND ROCK
State	TX
ZIP	78664
County	WILLIAMSON
Latitude (N) (##.#####)	30.48796
Longitude (W) (-###.#####)	-97.67249
Primary SIC Code	
Secondary SIC Code	
Primary NAICS Code	518210
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN111390985
What is the name of the Regulated Entity (RE)?	SWITCH - ROUND ROCK
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	150 DELL WAY
City	ROUND ROCK
State	TX
ZIP	78664
County	WILLIAMSON
Latitude (N) (##.#####)	30.48796
Longitude (W) (-###.#####)	-97.67249
Facility NAICS Code	518210
What is the primary business of this entity?	DATA PROCESSING, HOSTING AND RELATED SERVICES

Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN605965805
Type of Customer	Sole Proprietorship
Full legal name of the applicant:	
Legal Name	Switch, Ltd.
Texas SOS Filing Number	804037871
Federal Tax ID	510500225
State Franchise Tax ID	32078948836
State Sales Tax ID	
Local Tax ID	
DUNS Number	
Number of Employees	
Independently Owned and Operated?	No
I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.	Yes
Responsible Authority Contact	
Organization Name	Switch, Ltd.
Prefix	MS

First	Brandie
Middle	
Last	Koehler
Suffix	
Credentials	
Title	VP of Data Center 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)	PO BOX 400850
Routing (such as Mail Code, Dept., or Attn:)	
City	LAS VEGAS
State	NV
ZIP	89140
Phone (###-###-####)	7024444209
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	brandie@switch.com

Responsible Official Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	CN605965805, Switch, Ltd.
Organization Name	Switch, Ltd.
Prefix	MS
First	Brandie
Middle	
Last	Koehler
Suffix	
Credentials	
Title	VP of Data Center Operations
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 400850
Routing (such as Mail Code, Dept., or Attn:)	
City	LAS VEGAS
State	NV
ZIP	89140
Phone (###-###-####)	7024444209
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	brandie@switch.com

Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	Responsible Official Contact
Organization Name	Switch, Ltd.
Prefix	MR

First	AJ
Middle	
Last	Klundt
Suffix	
Credentials	
Title	DCO Systems Senior Director
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	4100 SMITH SCHOOL RD BLDG 1
Routing (such as Mail Code, Dept., or Attn:)	
City	AUSTIN
State	TX
ZIP	78744
Phone (###-###-####)	5126849644
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	aklundt@switch.com

APD-CERT General Information- New Sites

1) Are you only certifying emissions?	Yes
2) Is this certification for site wide emissions?	Yes
3) What is the purpose of this certification?	Demonstrate Minor Source
4) Is the site that you are certifying a Title V site?	No
5) List all associated rules and any permits or registrations that you are certifying.	PBR 106.4, Title V Permit Major Source Applicability

APD-CERT Attachments

Please attach a pdf file which contains the APD-Cert and information to demonstrate compliance.

[File Properties]

File Name	Switch AUS04 Certification (2024-0621).pdf
Hash	67B4DCD58DD56BFCA23227FC30DAD92F9C6DF ADB0F52C298AE450BAE15FCC922
MIME-Type	application/pdf
Confidential	Yes

Certification

The electronic signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief. By this signature, the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this facility and all representations in this certification of emissions are conditions upon which the facilities and sources will operate. It is understood that it is unlawful to vary from these representations unless the certification is first revised. The signature certifies that to the best of the Responsible Officials knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operated in compliance with all regulations of the Texas Commission on Environmental Quality and with Federal U.S. Environmental Protection Agency regulations governing air pollution. The signature below certifies that, based on information and belief formed after reasonable inquiry, the statements and information above and contained in the attached document(s) are true, accurate, and complete.

1. I am Aaron Klundt, the owner of the STEERS account ER089576.
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 APD Certification.
- 9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER OPERATOR Signature: Aaron Klundt OWNER OPERATOR

Customer Number:	CN605965805
Legal Name:	Switch, Ltd.
Account Number:	ER089576
Signature IP Address:	163.116.249.47
Signature Date:	2024-06-21
Signature Hash:	5255BC6F913A3F5E752CB7FAAA83BA664A546CB 16500C51A7366AF1572557EB0
Form Hash Code at time of Signature:	663B612071EBD89972CAB3DD3971050DB826BA6 66730C1219F59F1C7AE7810DE

Submission

Reference Number:	The application reference number is 596250
Submitted by:	The application was submitted by ER089576/Aarron Klundt
Submitted Timestamp:	The application was submitted on 2024-06-21 at 15:13:35 CDT
Submitted From:	The application was submitted from IP address 163.116.249.47
Confirmation Number:	The confirmation number is 547204
Steers Version:	The STEERS version is 6.77

Additional Information

Application Creator: This account was created by Ishita Mathur