

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

<b>I. Application Type</b>	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Change in Company Name
<b>II. Name of the New Owner or Operator of the Facilities or Equipment (Legal Entity Name of the new permittee)</b>	
A. Customer Name: LaPorte Rail and Terminal LLC	
B. Customer Reference Number (CN) (if issued): 605781848	
C. Submittal Date: 10/09/2024	
D. Effective Date of Change: 03/17/2021	
E. Is the new owner an affiliate of the previous owner? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>III. Responsible Official (RO) Contact Information</b>	
Name Prefix: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.):	
Full Name: R. Alex Ator	
Title: Site Manager	
Company Name: LaPorte Rail and Terminal	
Mailing Address: 12501 Strang Rd	
City: La Porte	
State: Texas	
Zip Code: 77571	
Telephone No.: 281-470-3211	
Fax No.:	
Email Address: aator@lprandt.com	

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<b>IV. Technical Contact Information</b>
Name Prefix: ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dr.):
Full Name: Melissa Franklin
Title: HSE Manager
Company Name: LaPorte Rail and Terminal
Mailing Address: 12501 Strang Rd
City: La Porte
State: Texas
Zip Code: 77571
Telephone No.: 281-470-3467
Fax No.:
Email Address: mfranklin@lprandt.com
<b>V. Site Information</b>
<b>A.</b> Site Name: LaPorte Rail and Terminal
<b>B.</b> Regulated Entity Number (RN) ( <i>if issued</i> ): 100225085
<b>C.</b> Account Number ( <i>if issued</i> ):
<b>D.</b> If action is transfer of ownership, is the change for the entire site <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A</span>
<b>E.</b> If action is transfer of ownership for a portion of the existing site, will the new site be a major source? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A</span>
<b>F.</b> To the right of each pollutant below select "YES" for which the site is classified as a major source based on the site's potential to emit. Select "NO" for which the site is not a major source.
Pollutant: VOC <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>
Pollutant: NO <sub>x</sub> <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>
Pollutant: SO <sub>2</sub> <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>
Pollutant: PM <sub>10</sub> <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>
Pollutant: CO <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>
Pollutant: PB <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>
Pollutant: HAPS <span style="float: right;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>
Other Pollutant:

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<b>VI. Air Authorizations That Are Affected By This Action</b>
<b>A.</b> List all NSR authorizations (including PBR, SE, and standard permit registrations, and NSR permits), as applicable:
Air Permit 55472 (CN601707136 – Invista Inc / DuPont North America Inc)
<b>B.</b> List all FOPs (including SOPs and ATOs under GOPs), as applicable:
<b>VII. NSR Conditions for Change of Ownership under 30 TAC § 116.110(e)</b>
<ul style="list-style-type: none"><li>• The new owner agrees to be bound by all the permit conditions and all representations made in the permit and any amendments and alterations.</li><li>• The new owner asserts there will be no change in the type of pollutants emitted.</li><li>• The new owner asserts there will be no increase in the quantity emitted.</li></ul>

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**VIII. FOP Conditions for Change of Ownership**

- 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?  YES  NO  
*(If YES, submit the information as explained in the instructions.)*

**B.** Is there an Acid Rain permit or Cross-State Air Pollution Rule (CSAPR) requirements included in the SOP?  YES  NO  
*(If YES, submit the information as explained in the instructions.)*

**IX. Authorization**

I, R. Alex Ator  
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: Riley Ator  
Signature Date: 10/9/24  
Title: Plant Manager



# TCEQ Core Data Form

For detailed instructions on completing 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 of Name/Ownership Form	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in <a href="#">Central Registry**</a>	3. Regulated Entity Reference Number (if issued)
CN 605781848		RN 100225085

## SECTION II: Customer Information

4. General Customer Information	5. Effective Date for Customer Information Updates (mm/dd/yyyy)	3/17/2021	
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input checked="" type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		<i>If new Customer, enter previous Customer below:</i>	
LaPorte Rail and Terminal LLC			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
0803455746	32072361119	85-0936269	
11. Type of Customer:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:	
12. Number of Employees		13. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following			
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant			
15. Mailing Address:	LaPorte Rail and Terminal LLC		
	PO Box 347		
	City	State	ZIP
La Porte	TX	77572	ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	

**SECTION III: Regulated Entity Information****21. General Regulated Entity Information** (If "New Regulated Entity" is selected, a new permit application is also required.)
 New Regulated Entity     Update to Regulated Entity Name     Update to Regulated Entity Information

*The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).*

**22. Regulated Entity Name** (Enter name of the site where the regulated action is taking place.)

LaPorte Rail and Terminal

**23. Street Address of the Regulated Entity:**

12501 Strang Road

(No PO Boxes)

City	La Porte	State	TX	ZIP	77571	ZIP + 4	
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**24. County**

If no Street Address is provided, fields 25-28 are required.

**25. Description to Physical Location:**

From the intersection of Pasadena Freeway 225 Frontage Road and Strang Road, travel north on Strang Road for 2,000 feet to reach southern entrance of facility.

**26. Nearest City**

State

Nearest ZIP Code

La Porte

TX

77571

*Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).*

**27. Latitude (N) In Decimal:**

29.699722

**28. Longitude (W) In Decimal:**

-95.035556

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

29

41

59

95

02

08

**29. Primary SIC Code****30. Secondary SIC Code****31. Primary NAICS Code****32. Secondary NAICS Code**

(4 digits)

(4 digits)

(5 or 6 digits)

(5 or 6 digits)

6531

4941

531312

221310

**33. What is the Primary Business of this entity?** (Do not repeat the SIC or NAICS description.)

Commercial/Industrial Property Managemen

**34. Mailing**

LaPorte Rail and Terminal LLC

**Address:**

PO Box 347

City

La Porte

State

TX

ZIP

77572

ZIP + 4

347

**35. E-Mail Address:**

aator@lprandt.com

**36. Telephone Number****37. Extension or Code****38. Fax Number** (if applicable)

( 281 ) 470-3467

( ) -

**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. See the Core Data Form instructions for additional guidance.


<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

**SECTION IV: Preparer Information**

40. Name:	Alex Ator	41. Title:	Site Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( 281 ) 470-3211		( ) -	aator@lprandt.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 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	LaPorte Rail and Terminal	Job Title:	Site Manager
Name (In Print):	R. Alex Ator	Phone:	( 281 ) 470- 3211
Signature:		Date:	10/9/24