

# 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	32003 NICHOLS SAWMILL RD
City	MAGNOLIA
State	TX
ZIP	77355
County	MONTGOMERY
Latitude (N) (##.#####)	30.207144
Longitude (W) (-###.#####)	-95.749748
Primary SIC Code	
Secondary SIC Code	
Primary NAICS Code	
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN110957941
What is the name of the Regulated Entity (RE)?	HODGES COLLISION CENTER MAGNOLIA
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	32003 NICHOLS SAWMILL RD
City	MAGNOLIA
State	TX
ZIP	77355
County	MONTGOMERY
Latitude (N) (##.#####)	30.207144
Longitude (W) (-###.#####)	-95.749748
Facility NAICS Code	
What is the primary business of this entity?	AUTO BODY REPAIR

### Authorization Information

Authorization Number, Site Name, Authorization Type	160039,HODGES COLLISION CENTER MAGNOLIA,REG
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### Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN605011311
Type of Customer	Organization
Full legal name of the applicant:	
Legal Name	Pro Care Automotive
Texas SOS Filing Number	
Federal Tax ID	
State Franchise Tax ID	
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	Yes

authorized to do business in Texas.	
Responsible Authority Contact	
Organization Name	Pro Care Automotive
Prefix	
First	Harris
Middle	
Last	Goodkind
Suffix	
Credentials	
Title	Director of Procurement
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	2260 S IH 35 STE 201
Routing (such as Mail Code, Dept., or Attn:)	
City	SAN MARCOS
State	TX
ZIP	78666
Phone (###-###-####)	8334252771
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	h.goodkind@classiccollision.com

## Responsible Official Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	
Organization Name	GMG EnviroSafe
Prefix	MR
First	Brandon
Middle	
Last	Thomas
Suffix	
Credentials	
Title	President of GMG EnviroSafe
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	1341 W FULLERTON AVE STE 307
Routing (such as Mail Code, Dept., or Attn:)	
City	CHICAGO
State	IL
ZIP	60614
Phone (###-###-####)	8006199733
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	permits@gmgenvirosafe.com

## APD NSR Change of Ownership General Information

1) Please enter the effective date of the change of

09/17/2021

ownership (MM/DD/YYYY).

## 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 Harris Goodkind, the owner of the STEERS account ER089839.
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.

OWNER OPERATOR Signature: Harris Goodkind OWNER OPERATOR

Customer Number:	CN605011311
Legal Name:	Pro Care Automotive
Account Number:	ER089839
Signature IP Address:	35.133.3.20
Signature Date:	2024-12-13
Signature Hash:	B27FBFA82AA4C7FC11136C92DF5F7F4335ACF1A AA3B892F8D95AD1CD049B63E3
Form Hash Code at time of Signature:	913C4E420BE49CC14539D45A628D0A4E80B77D0 FC0C42BA4BA4A8AF892D3B275

## Submission

Reference Number:	The application reference number is 727222
Submitted by:	The application was submitted by ER089839/Harris Goodkind
Submitted Timestamp:	The application was submitted on 2024-12-13 at 15:38:35 CST
Submitted From:	The application was submitted from IP address 35.133.3.20
Confirmation Number:	The confirmation number is 598418
Steers Version:	The STEERS version is 6.83

## Additional Information

