

Texas Commission on Environmental Quality

Air NSR Change of Ownership

Site Information (Regulated Entity)

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|--|----------------------------------|
| Does the site have a physical address? | Yes |
| Physical Address | |
| Number and Street | 503 GULF FWY S |
| City | LEAGUE CITY |
| State | TX |
| ZIP | 77573 |
| County | GALVESTON |
| Latitude (N) (##.#####) | 29.496644 |
| Longitude (W) (-###.#####) | -95.111435 |
| Primary SIC Code | |
| Secondary SIC Code | |
| Primary NAICS Code | |
| Secondary NAICS Code | |
| Regulated Entity Site Information | |
| What is the Regulated Entity's Number (RN)? | RN105707129 |
| What is the name of the Regulated Entity (RE)? | BILL FOGLE COLLISION CENTER NO 4 |
| Does the RE site have a physical address? | Yes |
| Physical Address | |
| Number and Street | 503 GULF FWY S |
| City | LEAGUE CITY |
| State | TX |
| ZIP | 77573 |
| County | GALVESTON |
| Latitude (N) (##.#####) | 29.496644 |
| Longitude (W) (-###.#####) | -95.111435 |
| Facility NAICS Code | |
| What is the primary business of this entity? | AUTO BODY SHOP |

Authorization Information

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| Authorization Number, Site Name, Authorization Type | 87786,BILL FOGLE COLLISION CENTER NO 4,REG |
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Customer (Applicant) Information

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| 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 |

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| 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:

| | |
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| 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

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| 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: | 9A84ADD2CC952C588DC1C0EBE55B8A4FCA52F9 7F2219EBA4C9D781D9260F4848 |

Submission

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|----------------------|---|
| Reference Number: | The application reference number is 727201 |
| Submitted by: | The application was submitted by ER089839/Harris Goodkind |
| Submitted Timestamp: | The application was submitted on 2024-12-13 at 15:23:57 CST |
| Submitted From: | The application was submitted from IP address 35.133.3.20 |
| Confirmation Number: | The confirmation number is 598409 |
| Steers Version: | The STEERS version is 6.83 |

Additional Information

Application Creator: This account was created by Harris Goodkind