

# 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	3900 HOWARD LN
City	AUSTIN
State	TX
ZIP	78728
County	TRAVIS
Latitude (N) (##.#####)	30.441726
Longitude (W) (-###.#####)	-97.701308
Primary SIC Code	
Secondary SIC Code	
Primary NAICS Code	
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN100952860
What is the name of the Regulated Entity (RE)?	ICU MEDICAL
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	3900 HOWARD LN
City	AUSTIN
State	TX
ZIP	78728
County	TRAVIS
Latitude (N) (##.#####)	30.441726
Longitude (W) (-###.#####)	-97.701308
Facility NAICS Code	
What is the primary business of this entity?	MANUFACTURE AND FILL INTRAVENOUS (IV) SOLUTION BAG

### Authorization Information

Authorization Number, Site Name, Authorization Type	132149,HOSPIRA AUSTIN,REG
Authorization Number, Site Name, Authorization Type	40904,HOSPIRA AUSTIN,PERMIT
Authorization Number, Site Name, Authorization Type	83617,HOSPIRA AUSTIN,REG

### Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN606394260
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	OTSUKA ICU MEDICAL LLC
Texas SOS Filing Number	805951794
Federal Tax ID	333040385
State Franchise Tax ID	32099326459
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	OTSUKA ICU MEDICAL LLC
Prefix	MR
First	Robert
Middle	
Last	Morgan
Suffix	
Credentials	
Title	Corporate EHS Manager
Responsible Authority Mailing Address	
Enter new address or copy one from list:	Site Physical Address
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	3900 HOWARD LN
Routing (such as Mail Code, Dept., or Attn:)	
City	AUSTIN
State	TX
ZIP	78728
Phone (###-###-####)	7374844644
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	rob.morgan@icumed.com

## Responsible Official Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	
Organization Name	Otsuka ICU Medical LLC
Prefix	MRS
First	Kathleen
Middle	
Last	Ferraz
Suffix	
Credentials	REM
Title	Sr. EHS Specialist
Enter new address or copy one from list:	Site Physical Address
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	3900 HOWARD LN
Routing (such as Mail Code, Dept., or Attn:)	
City	AUSTIN
State	TX
ZIP	78728
Phone (###-###-####)	5122448874
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	kathleen.ferraz@icumed.com

# APD NSR Change of Ownership General Information

1) Please enter the effective date of the change of ownership (MM/DD/YYYY).

06/06/2025

## 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 Morgan, the owner of the STEERS account ER114555.
  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: Robert Morgan OWNER OPERATOR

Customer Number:

Legal Name:

Account Number:

Signature IP Address:

Signature Date:

Signature Hash:

CN606394260

OTSUKA ICU MEDICAL LLC

ER114555

72.48.136.10

2025-06-30

C2CC3F88E90D993A83567CD9BF9A7F59A5745D8  
B810AE5F21C9A2D7113FC2B36  
AA18EAC5CC8E0D43BD1D8B9B1B92814D9A59C9  
EC9DAC5621C95FB39C366D4A67

Form Hash Code at time of Signature:

EC9DAC5621C95FB39C366D4A67

## Submission

Reference Number:

Submitted by:

Submitted Timestamp:

Submitted From:

The application reference number is 792431

The application was submitted by ER114555/Robert Morgan

The application was submitted on 2025-06-30 at 10:58:35 CDT

The application was submitted from IP address 72.48.136.10

Confirmation Number:	The confirmation number is 661644
Steers Version:	The STEERS version is 6.92

**Additional Information**

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Application Creator: This account was created by Kathleen M Ferraz