



Texas General Land Office

Oil Spill Prevention and Response Program

Application for Facility Discharge Prevention and Response Certificate

Rev. October 2010

This form is to be used by facility operators to apply to the Texas General Land Office for a Discharge Prevention and Response Certificate. The completed form should be mailed or faxed to the regional Oil Spill Prevention and Response Program office. Applicants can contact the Land Office at (512) 475-1575 for the appropriate Regional Office address or telephone number. Completed applications must be submitted and approved prior to handling, storing or transferring oil. Applicants with questions regarding certification program applicability or use of this form should contact the appropriate regional office prior to submitting this form. Data entries may be printed or typed. All official correspondence will be mailed to the operator at the main correspondence address indicated.

Facility Name:

Account Password: Mailing Address (select one): Owner Operator Facility

Date Issued		Expiration Date		Cert Number	
Status Code		Status Date		Date of next action	
FacilityType		EntityType		SMPP	

1. Location of actual facility site - this information is required

Facility Physical Address (FP)		
FP City:	FP State:	FP Zip:
Directions to facility from nearest highway:		
Facility Phone:	Facility Fax:	Facility 24 hr Phone:
Facility Latitude:	Facility Longitude:	

2. Owner – this information is required

Owner Name:		
Owner Address:		
Owner City:	Owner State:	Owner Zip:
Owner Phone#:	Owner Fax#:	Owner Email:

3. Operator – required only if different from owner information

Operator Name:		
Operator Address:		
Operator City:	Operator State:	Operator Zip:
Operator Phone:	Operator Fax:	Operator Email:

4. Contact - required

Name of Person in Charge (PIC - As defined in 31 TAC 19.16 a-c):		
PIC Phone Number:	PIC Fax Number:	PIC Email:
Name of Local Contact Person (if different from PIC):		
Contact Phone Number:	Contact Fax Number:	Contact Email:

5. Facility Information - required

Oil products stored/handled at facility:

Primary Business Activity:

Number of tanks that store oil and capacity:

Number and diameter of any lines that transport oil:

Size of vessel with largest oil capacity in barrels (fuel, lube and cargo) served by this facility (enter n/a if not applicable):

If the facility has contracted with a Discharge Cleanup Organization, please provide the following information:

Primary DCO:

Phone Number:

Secondary DCO: (optional)

Phone Number:

6. Response – required

In general terms, what is the facility plan for responding to an oil spill:

List the sensitive areas in the immediate vicinity of the facility:

List special instructions, if any, for GLO access:

List the spill response equipment stored at the facility:

By my signature below, I certify that I have approved the facility's discharge prevention and response plan and have the authority to commit resources necessary to implement the plan.

Signature of CEO or Managing Partner

Date