

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY STAGE II VAPOR RECOVERY TESTER REGISTRY

The purpose of this form is to establish a Stage II vapor recovery tester registry in accordance with 30 TAC §115.245(4). Individuals who wish to be a registered Stage II vapor recovery tester in the state of Texas should complete and submit a copy of this form with an original signature to the following address: TCEQ, Stage II Tester Registry, Air Quality Planning Section, MC-206, P.O. Box 13087, Austin, TX 78711-3087

I. REGISTRANT INFO	RMATION			
Applicant's Name:				
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Last		First		MI
Contact Information:		ı	1	
Home Phone	Business Phone	<u> </u> Fax	E-mail Address	
Personal Mailing Addre	ess:			
		1	1 1	
Address		City	State	ZIP
Business Mailing Addr	ess:			
Name o	f Current Employer / Testir	ng Company		
		I	1 1	
Address		City	State	ZIP

## II. ACKNOWLEDGMENT

I agree to comply with the Stage I and Stage II vapor recovery rules in 30 TAC §115 as well as the test procedures outlined in the TCEQ Vapor Recovery Test Procedures Handbook (November 2002). I understand that failure to conduct tests in accordance with these rules and procedures or falsifying tests results may lead to my removal from the registry.

I declare that the above information, to the best of my knowledge, is accurate and complete.

Printed Name of Stage II Tester Signature of Stage II Tester Date