



Registration Form for TCEQ-Licensed Maintenance Providers

I \_\_\_\_\_, a TCEQ-Licensed On-Site Sewage Facilities (OSSF) Maintenance Provider, license No. \_\_\_\_\_ certify that my TCEQ maintenance provider license is in good standing. I further acknowledge that effective **October 1, 2019**, I must possess a valid City of Austin (COA) OSSF Registration to maintain OSSFs located within the city’s corporate limits and areas annexed for the implementation of the Texas Health and Safety Code. I fully understand the statements presented below and accept the responsibilities contained therein:

- 1) It is my responsibility to fully read and understand the testing and reporting requirements established in Title 30 of the Texas Administrative Code (TAC) Chapter 285 Sections 285.7 related to maintenance requirements and 285.64 related to the duties and responsibilities of maintenance providers and maintenance technicians.
2) It is my responsibility to fully read and understand the COA registration requirements established in City Code Chapter 15-5 Section 15-5-10 related to TCEQ-Licensed Maintenance Provides.
3) It is my responsibility to ensure all OSSF under my care are properly maintained and that all maintenance reports are submitted to Austin Water in accordance with 30 TAC 285.7.
4) I understand that my COA registration as an OSSF Maintenance Providers does not expire.
5) I understand that my COA registration as an OSSF Maintenance Providers may be suspended or revoked if I fail to meet the requirements established in 30 TAC 285 and City Code 15-5.
6) I understand that a COA registration as an OSSF Maintenance Provider is not needed to maintain OSSF located outside the COA Corporate limits and areas annexed for the implementation of the Texas Health and Safety Code.
7) I agree to accept these responsibilities and sign this form acknowledging my duties.
8) I have read and understood Austin Water’s enforcement procedures for TCEQ-Licensed Maintenance Providers.

TCEQ-Licensed OSSF Maintenance Provide Contact Information:

Printed Name:

\_\_\_\_\_
Last Name First Name MI

Signature: \_\_\_\_\_ Date \_\_\_\_\_



**Registration Form for TCEQ-Licensed Maintenance Providers**

Mailing Address:

Number \_\_\_\_\_ Street \_\_\_\_\_ City/ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (Required if available): \_\_\_\_\_

***I certified under the penalty of law that to the best of my knowledge the above information is correct and accurate***

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CITY OF AUSTIN USE ONLY**

Reviewed By: \_\_\_\_\_ Date \_\_\_\_\_

City of Austin OSSF Maintenance Provider Registration Number: \_\_\_\_\_