



SECTION R Drycleaner Registration Form

For office use only. Date received.

LEGAL NAME OF CORPORATE ENTITY:

MAILING ADDRESS:

CITY: STATE: ZIPCODE:

CORPORATE CONTACT PERSON: TITLE:

TELEPHONE: FAX: E-MAIL:

SITE NAME (if different from above):

MAILING ADDRESS: SITE ADDRESS:

CITY: CITY: COUNTY: Mecklenburg

STATE: ZIP CODE: STATE: ZIPCODE:

ONSITE CONTACT PERSON: TITLE:

TELEPHONE: FAX: E-MAIL:

IS THERE DRYCLEANING EQUIPMENT ON-SITE? () YES () NO, the location to which we take clothes is: _____

Circle the appropriate equipment type and fluid type

Equipment ID	EQUIPMENT TYPE	DRYCLEANING FLUID	GALLONS (and TYPE if OTHER) OF FLUID USED And year used	INSTALLATION DATE	RATED CAPACITY POUNDS PER LOAD
(Example) A-1	<input checked="" type="checkbox"/> Dry-to-Dry Transfer	<input checked="" type="checkbox"/> PERC STODDARD SOLVENT OTHER	98/2006	1995	35 lbs
(Example) A-2	Dry-to-Dry <input checked="" type="checkbox"/> Transfer	PERC <input checked="" type="checkbox"/> STODDARD SOLVENT OTHER	700/2006	1959	90 lbs
	Dry-to-Dry Transfer	PERC STODDARD SOLVENT OTHER			
	Dry-to-Dry Transfer	PERC STODDARD SOLVENT OTHER			
	Dry-to-Dry Transfer	PERC STODDARD SOLVENT OTHER			
	Dry-to-Dry Transfer	PERC STODDARD SOLVENT OTHER			

Does someone live directly above or beside your facility? () Yes () No

Was there a Drycleaning Establishment that used perc at this location? () No () Yes, but perc was last used in this year: _____

The undersigned certifies that all information and statements provided in the application, based on information and belief formed after reasonable inquiry, are true, accurate, and complete.

Signature of responsible company official Date

RESPONSIBLE COMPANY OFFICIAL: (Print Name) TITLE:

MAILING ADDRESS:

CITY: STATE: ZIPCODE: