



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
**DRY CLEANER REGISTRATION – PERCHLOROETHYLENE
AND OTHER CHLORINATED SOLVENTS**

FOR OFFICE USE ONLY		
LOGGED IN BY		
DATE LOGGED		
RECEIVED SURCHARGE		
CHECK AMOUNT	CHECK DATE	CHECK NO.

Complete this form and return it to:
Missouri Department of Natural Resources
Hazardous Waste Program/DERT Unit
P.O. Box 176
Jefferson City, MO 65102-0176

YEAR OF DATA	COUNTY NAME	FIPS COUNTY NO.	PLANT NO.
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I. DRY CLEANER INFORMATION

DRY CLEANER FACILITY NAME	CONTACT PERSON NAME/TITLE	TELEPHONE NUMBER WITH AREA CODE	
STREET ADDRESS	CITY	STATE	ZIP CODE + 4
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE + 4

II. BUSINESS/FACILITY OWNER INFORMATION

BUSINESS/FACILITY OWNER'S NAME	BUSINESS/FACILITY OWNER'S TELEPHONE NUMBER WITH AREA CODE		
STREET ADDRESS, P.O. BOX OR ROUTE NUMBER	FAX NUMBER WITH AREA CODE		
CITY	STATE	ZIP CODE + 4	

III. PROPERTY'S LEGAL OWNER INFORMATION (Not business owner unless also property owner)

PROPERTY OWNER'S NAME	PROPERTY OWNER'S TELEPHONE NUMBER WITH AREA CODE		
STREET ADDRESS, P.O. BOX OR ROUTE NUMBER	FAX NUMBER WITH AREA CODE		
CITY	STATE	ZIP CODE + 4	

IV. MACHINE INFORMATION

NUMBER OF DRY TO DRY MACHINES	NUMBER OF TRANSFER MACHINES
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V. SOLVENT DETAIL

SOLVENT TYPE
 PERCHLOROETHYLENE OTHER CHLORINATED SOLVENT (SPECIFY)

CALCULATE SOLVENT USE	CHLORINATED (PERC)
GALLONS ON HAND FROM PREVIOUS YEAR	
GALLONS BROUGHT ON-SITE DURING CALENDAR YEAR (+)	
UNUSED GALLONS TRANSFERRED OFF-SITE (-)	
GALLONS ON-HAND AT END OF CALENDAR YEAR (-)	
TOTAL GALLONS USED DURING CALENDAR YEAR (=)	

VI. CALCULATE REGISTRATION SURCHARGE - Check appropriate box and attach payment to this form.

To calculate your surcharge, use "Total gallons used during calendar year" from Section V.

COMPLETION AND SUBMITTAL OF THIS FORM SATISFIES THE REQUIREMENTS OF 260.915, REVISED STATUTES OF MISSOURI, or RSMO.
THIS SURCHARGE IS REQUIRED BY 260.935, RSMO

\$ 500 0-140 GALLONS OF CHLORINATED SOLVENT
 \$1,000 141-360 GALLONS OF CHLORINATED SOLVENT
 \$1,500 MORE THAN 360 GALLONS OF CHLORINATED SOLVENT

Attach a check for the Dry Cleaner Registration Surcharge. Do not deduct any local air emission fees from this surcharge.

VII. CERTIFICATION

The undersigned hereby certifies they have personally examined and are familiar with the information and statements contained herein and further certifies they believe this information and statement to be true, accurate and complete. The undersigned certifies that knowingly making a false statement or misrepresenting the facts presented in this document is a violation of the law.

PRINTED NAME AND TITLE	SIGNATURE	DATE
PERSON COMPLETING FORM		
AUTHORIZED COMPANY REPRESENTATIVE		