



DRY CLEANING REGISTRATION

NOTE: Enter information from your previous calendar year activities and mail it back or email it to registration@yrcaa.org

1. FACILITY INFORMATION HAS THE BUSINESS NAME OR OWNERSHIP CHANGED IN THE LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
a. FACILITY NAME	b. OWNER NAME		c. UNIFIED BUSINESS IDENTIFIER (UBI)
d. PHYSICAL ADDRESS		e. MAILING ADDRESS	
f. CONTACT NAME & TITLE	g. PHONE		h. EMAIL
i. PREFERRED CONTACT METHOD <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL			
2. GENERAL INFORMATION			
a. TYPE OF FACILITY <input type="checkbox"/> CUSTOMER / COIN-OPERATED <input type="checkbox"/> OWNER/EMPLOYEE-OPERATED <input type="checkbox"/> PICK-UP STORE*			
* PICKUP STORES ARE EXEMPT FROM REGISTRATION – SIGN AND RETURN THIS FORM WITHOUT THE FEE			
b. OPERATING SCHEDULE	HOURS PER DAY	DAYS PER WEEK	WEEKS PER YEAR
3. EQUIPMENT AND PROCESS INFORMATION			
a. MATERIAL AND SOLVENT THROUGHPUT			
QUANTITY OF MATERIAL CLEANED IN POUNDS PER YEAR			
QUANTITY OF EACH SOLVENT USED IN GALLONS PER YEAR			
PETROLEUM BASED	PERCHLOROETHYLENE (PCE)	CHLOROFLUOROCARBONS (CFC'S)	
b. CONTROLS USED FOR SOLVENT EMISSIONS CHECK EACH TYPE OF EMISSION CONTROL USED			
<input type="checkbox"/> CARBON ABSORPTION <input type="checkbox"/> REFRIGERATED CONDENSER <input type="checkbox"/> NONE <input type="checkbox"/> OTHER (SPECIFY BELOW)			
c. NUMBER OF MACHINES			
TRANSFER		DRY-TO-DRY	
d. MATERIAL SAFETY DATA SHEETS <input type="checkbox"/> PREVIOUSLY SUBMITTED <input type="checkbox"/> INCLUDED WITH THIS REGISTRATION			
4. CERTIFICATION I, the undersigned, do hereby certify that the information provided is accurate and complete to the best of my knowledge.			
SIGNATURE _____		TITLE _____	
NAME (PRINT) _____		DATE _____	