



DRY CLEANING FACILITY REGISTRATION DATA ENTRY FORM

Make a digital copy of this form for each of your facilities, sign and submit the completed form(s) to:

Forsyth County Office of Environmental Assistance and Protection
Forsyth County Government Center
201 N Chestnut St
Winston-Salem, NC 27101-4120
Ph – (336) 703-2440, Fax – (336) 727-2777

FACILITY INFORMATION

Facility Name:

Facility Contact Name: Phone #:

Facility Address:

City: State: Zip:

Check here if you want all correspondence sent to this address, otherwise it will go to the Owner's address below, if different.

(1) Is the facility located in a building with a residence(s)¹, check the appropriate box: Yes No ¹"residence" means any dwelling or housing in which people reside, excluding short term housing that is occupied by the same person for a period of less than 180 days (such as a hotel room)

(2) If you answered yes to the previous question is the residence currently vacant or occupied? Vacant Occupied

(3) Is the facility located in a building with other tenants, leased space, or owner occupants? Yes No

(4) Enter the actual (or estimated) annual usage of Perchloroethylene in gallons (see instructions).

OWNER INFORMATION (complete any information different from above)

Corporate/Owner Name:

Corporate/Owner Contact: Phone#:

Corporate/Owner Address:

City: State: Zip:

Email Address (optional):

DRY CLEANING MACHINE (DCM) INFORMATION (For all machines in this facility using perchloroethylene)

DCM#	Machine Manufacturer	Model No	Serial No	Date Installed

(1) Does your dry to dry machine have a non-vented carbon adsorber? Yes No

COMPLIANCE INFORMATION

(1) To the best of your knowledge is the above listed facility in compliance with each applicable requirement of §63.322 of the NESHAP rules? (For on-line help: [Control Click here](#) or see instructions) Yes No
If you answered no please explain:

Under penalty of law, by signing this document I hereby submit that to the best of my knowledge all of the information concerning the above listed facility that is contained in this document is accurate and true.

Signature of Responsible Official: _____ Date: _____

Print/Type Name Here: