



# DRY CLEANING FACILITY REGISTRATION FORM

(print and fill out form)

Make a copy of this blank 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: \_\_\_\_\_

(1) Is the facility located in a building with a residence(s)<sup>1</sup>, check the appropriate box: Yes\_\_\_\_ No\_\_\_\_  
<sup>1</sup>"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)  Check here if you want all correspondence sent to this address.

Corporate/Owner Name: \_\_\_\_\_

Corporate/Owner Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Corporate/Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax# \_\_\_\_\_

**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? (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 Name Here: \_\_\_\_\_