



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## MOTOR FUEL METERING AND QUALITY CHANGE OF DEVICE REGISTRATION INSTRUCTIONS

Use this form to report the following devices changes in the number of permanently operating devices at your facility.

1. **BUSINESS NAME** – Provide the full legal name of your business as it is registered with the Texas Secretary of State.
  2. **FACILITY NAME** – Provide the name of the facility where the devices are located (if different from the Business Name). This may be the Doing Business As (DBA) name used by the business submitting this application.
  3. **FACILITY PHYSICAL LOCATION** – Provide the physical street address of the facility location. Post office boxes will not be accepted. This information will assist the Texas Department of Licensing and Regulation (TDLR) staff in locating your business, if necessary.
  4. **FACILITY PHONE NUMBER** – Provide a telephone number for the facility including the area code.
  5. **REGISTRATION NUMBER** – Provide your current TDLR Account Number.
  6. **POINT OF CONTACT** – Provide the name, title, and contact information for the person who will be the point of contact for the business and can discuss and answer questions about registration related matters. Renewal invoices and account information, including correspondence, registration certificates, and other related documents, will be sent to the current contact information listed for the Point of Contact.
    - **EMAIL ADDRESS** – By providing the point of contact's email address, TDLR is authorized to send communications and required notices by electronic mail. To continue receiving notices, this email address must be updated, if necessary. This authorization may be revoked in writing. The email address provided in this application will remain confidential except as permitted or required by law.
    - **PHONE NUMBER** – Provide the Point of Contact's telephone number, including the area code.
    - **MAILING ADDRESS** – Provide the Point of Contact's mailing address. The mailing address provided is where we will send registration-related mail. A post office box can be used.
  7. **DEVICES TO BE ADDED** – If you are increasing the number of devices in commercial use at your facility, provide the total number of devices per type. You do not need to report the replacement of an existing device with a new device of the same type.
    - a) Device with a maximum flow rate of less than 20 GPM delivering multiple products per nozzle (includes a fuel quality fee of \$21) \$93.
    - b) Device with a maximum flow rate of less than 20 GPM delivering a single fuel product per nozzle (includes a fuel quality fee of \$7) \$31.
    - c) Device with a maximum flow rate of 20 GPM to 100 GPM (includes a fuel quality fee of \$7) \$127.
    - d) Device with a maximum flow rate of greater than 100 GPM \$450.
- FEES:**
- To calculate the Total Fee per Device Type, multiply the Total Number of Devices by the Fee per Device.
  - Device. To calculate the Total Fees Due, add all Total Fees per Device Type.
8. **DEVICES TO BE REMOVED** – If you are reducing the number devices in commercial use at your facility, provide the number of devices to be removed per type. Changes will be reflected on your next renewal statement. No refunds will be made for devices removed from your account.
  9. **ACKNOWLEDGMENT** – After reading the statement, print your name and date the form. By providing your name, you acknowledge that you have read the statement and that you are aware of your responsibilities regarding the devices identified in this form.

**CHECKLIST OF DOCUMENTATION TO BE SUBMITTED:**

Complete Application

Required Fee (for devices to be added only – applications will be returned if fee not included)

Copy of Device Performance Review Report (for devices to be added only)\*\*

\*\*A Device Performance Review (DPR) Report (formerly “Calibration Report”) for the new devices must be submitted with this request. A DPR must be completed before a device may be placed into service and at least once every two years. Effective September 1, 2021, a DPR will also be required for devices with a flow rate of greater than 20 GPM - 100 GPM and devices with a flow rate greater than 100 GPM.

**SEND YOUR COMPLETED REQUEST AND REQUIRED DOCUMENTS TO:**

TDLR  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your request will not be returned. Keep a copy of your completed request, all attachments, and your check or money order payable to TDLR. Do not send cash.

For additional information about the Motor Fuel Metering and Quality Program, please visit the [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in-state only) or (512) 463-6599; Relay Texas - TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

**REMINDER:**

All petroleum underground and aboveground storage tanks must be registered with the Texas Commission on Environmental Quality (TCEQ). Contact them at (512) 239-2160 or visit the [TCEQ website](#).

**TDLR Public Information Act Policy:**

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).

# ARE YOUR FUEL DEVICES CORRECTLY REGISTERED?

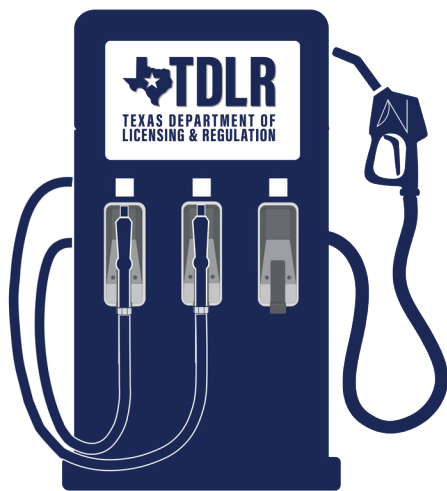
The Texas Department of Licensing and Regulation (TDLR) classifies devices that deliver fuel through a single nozzle at a rate of less than 20 gallons per minute (GPM) in two categories:

- Single product device; and
- Multi-product device.

To aid you in this classification process, listed below are common examples of fuel devices, including fee calculations.

Each nozzle represents a single device and most device cabinets have two sides, with nozzles on each side. Please remember to count and include all devices on your registration application.

If you have any questions or need additional information, feel free to contact us on our toll-free number: 1-800-803-9202.



**3 – Single Product Devices<sup>a</sup>**  
Fee: \$31 / nozzle

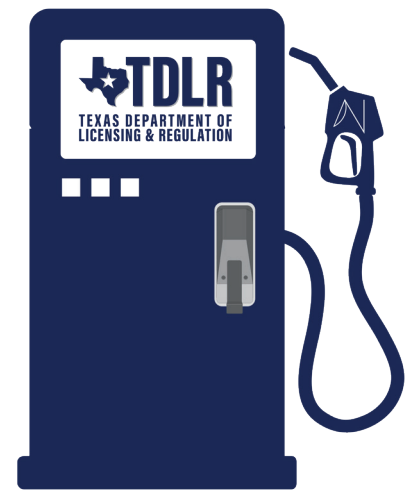
Total Fee / Cabinet: \$186  
(as illustrated above)  
2 sides x \$93 (\$31/device) = \$186



**Single Product Device<sup>a</sup>**  
Fee: \$31 / nozzle

**AND**  
**Multi-Product Device<sup>b</sup>**  
Fee: \$93 / nozzle

Total Fee / Cabinet: \$248  
(as illustrated above):  
2 sides x (\$31/device + \$93/device) = \$248



**Multi-Product Device<sup>b</sup>**  
Fee: \$93 / nozzle

Total Fee / Cabinet: \$186  
(as illustrated above):  
2 sides x \$93/device = \$186

**Notes:**

- Single product device (includes a fuel quality fee of \$7) – \$31. A single product device delivers one gasoline, E85 ethanol fuel, diesel, or other non-gasoline product from a single nozzle.
- Multi-product device (includes a fuel quality fee of \$21) – \$93. A multi-product device delivers 2 or more blends of gasoline or ethanol-blended fuel from a single nozzle.
- These illustrations represent examples of device cabinets commonly found in the marketplace. TDLR does not endorse or recommend any brand of device cabinet.



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## MOTOR FUEL METERING AND QUALITY CHANGE OF DEVICE REGISTRATION

You are not required to complete this form or pay additional fees if you are replacing an existing device with one of the same type.

**FEES SUBMITTED ARE NON-REFUNDABLE**

### BUSINESS INFORMATION

**1. Business Name:**

Full legal name of the business (owner's name if sole proprietor - no aliases)

**2. Facility Name:**

**3. Facility Physical Location:**

Street Number, Street Name, Suite Number

City

State

Zip Code

**4. Facility Phone Number:**

(Area Code) Phone Number

**5. TDLR Registration No.**

### 6. POINT OF CONTACT

**Name:**

Last, First, Middle Name, Suffix (Jr., Sr., III)

**Title:**

Provide Point of Contact's Job Title

**Email Address:**

See instruction sheet for disclosure information

**Phone Number:**

(Area Code) Phone Number

**Mailing Address:** (This is the address where we will send registration-related mail)

P.O. Box, Number, Street Name, Suite/Apartment Number

City

State

Zip Code

Is this a New Point of Contact for this business?    **Yes**    **No**

### 7. DEVICES TO BE ADDED

Device Type (See instruction page for detailed fee information)	Fee per Device	Total No. of Devices Added (+)	Total Fees
Device delivering multiple products per nozzle (rated flow < 20 GPM)	\$93 <sup>a</sup>		
Device delivering a single gasoline product per nozzle (rated flow < 20 GPM)	\$31 <sup>b</sup>		
Device delivering a single diesel or non-gasoline product per nozzle (rated flow < 20 GPM)	\$31 <sup>b</sup>		
Device delivering a single E85 ethanol fuel product per nozzle (rated flow < 20 GPM)	\$31 <sup>b</sup>		
Device rated flow > 20 GPM – 100 GPM	\$127 <sup>c</sup>		
Device rated flow > 100 GPM	\$450 <sup>d</sup>		
<b>Total Fees Due</b>			

**8. DEVICES TO BE REMOVED**

<b>Device Type</b>	<b>Total No. of Devices Removed (-)</b>
Device delivering multiple products per nozzle (rated flow < 20 GPM)	
Device delivering a single gasoline product per nozzle (rated flow < 20 GPM)	
Device delivering a single diesel or non-gasoline product per nozzle (rated flow < 20 GPM)	
Device delivering a single E85 ethanol fuel product per nozzle (rated flow < 20 GPM)	
Device rated flow > 20 GPM – 100 GPM	
Device rated flow > 100 GPM	

**9. ACKNOWLEDGMENT**

By signing and submitting this application, I certify that the information on this and any attached form is true and correct. I further certify that I will comply with all applicable provisions of the Texas Business and Commerce Code, Chapter 607; Texas Occupations Code, Chapters 51 and 2310; and Texas Administrative Code, Chapters 60 and 97. I understand that providing false information on this application may result in revocation and/or denial of the registration I am requesting and the imposition of administrative penalties and sanctions.

<b>Print Name:</b>  Last, First, Middle Name, Suffix (Jr., Sr., III)	<b>Job Title:</b>  
<b>Signature:</b>  	<b>Date Signed:</b>  MM/DD/YYYY