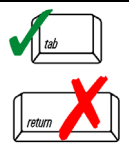




**Massachusetts Department of Environmental Protection  
Bureau of Air & Waste  
Toxics Use Reduction (TUR) Program**

**TURA NEW FILER FORM**

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**A. Facility Information** – Please type or print.

Facility Name \_\_\_\_\_ TAX ID# \_\_\_\_\_

Facility Address \_\_\_\_\_

City/Town \_\_\_\_\_ MA \_\_\_\_\_ Zip Code \_\_\_\_\_  
State

Federal TRI ID # (if filing under TRI) \_\_\_\_\_ Facility Telephone Number \_\_\_\_\_

**B. Production Unit Information** – In order to provide your facility with access to our online reporting system, eDEP, MassDEP needs the following information.

1. **Description of one production unit (facilities that have more than one production unit can add the others in eDEP after account creation):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Description of Process the Production Unit Performs:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Select an appropriate description for the unit of product:**

- Area     Dollar     Hours     Kilowatt     Length     Number     Volume     Weight

**C. Certification Statement**

“I certify that I have personally examined and am familiar with the information submitted in this document and all attachments and that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.”

Full Name of Senior Management Official \_\_\_\_\_ Title of Senior Management Official \_\_\_\_\_ Phone of Senior Management Official \_\_\_\_\_

Email of Senior Management Official \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

Submit a scan of this completed and signed form to: [tura.program@mass.gov](mailto:tura.program@mass.gov)