

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

## TUR – New Filer Form

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

Facility Name	Tax ID#	
Facility Address		
City/Town	MA State	Zip Code
Contact Email Address (Required)	Contact Telephone Number (Required)	
Billing/Mailing Address		
Billing/Mailing City/Town	Billing/Mailing State	Billing/Mailing Zip Code

### B. Production Unit Information

MassDEP requires the following information to complete set up of your facility to utilize our online reporting system, eDEP:

Description of one Production Unit (if you have more than one production unit, you will be able to add the others through eDEP):

Describe the process that the Production Unit performs:

Select the 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	Company Name
Signature of Senior Management Official	Date (MM/DD/YYYY)	

**Submit a scan of this completed and signed form along with your W9 to: [tura.program@mass.gov](mailto:tura.program@mass.gov).** Please put your facility's name in the subject line of the email. You will be notified when your facility has been registered with MassDEP and provided a list of steps on how to proceed.