



# TPCA Stage I & II Vapor Recovery Self-Study Program Order Form

One Administrative Package (Program A) is required for each Company.  
 One Stage I & II Compliance Program (Program B) is required for each Store.

## Program A – Administrator’s Package \$50 OR # A-MK for Home Office:

### Contains:

1. Administrator’s Guide & Adm. Checklist
2. Facility Representative Workbook (1)
3. Facility Representative Final Tests (2)
4. Facility Representatives Affidavits (2)
5. Hourly Employee Workbook (1)
6. Complete Set of Texas Stage I & II Compliance Regulations

## Program B – Stage I & II Compliance Program - \$139 or #B-FK

For One Stage II Facility:

1. Three Ring Binder and Tabs
2. Facility Representative Workbooks (2)
3. Employee Workbooks (6)
4. One Year’s Supply of Stage II Forms:
  - STII-1 Stage II Equipment Maintenance Log
  - STII-2a Stage II Daily Equipment Inspection Record, Day 1-16
  - STII-2b Stage II Daily Equipment Inspection Record, Day 17 – 31
  - STII-3 Stage II Monthly Equipment Inspection
  - STII-4 Stage II Gasoline Vapor Recovery Training Log

### Additional Materials

Stage I Forms Package	STI-P	\$35
Stage II Forms Package	STII-P	\$40
Facility Representative Workbooks (3)	FW-I	\$30
Facility Employee Workbooks (3)	EW-I	\$24

### \* Shipping Rate

Basic Kit (Prg. A & Prg. B)	\$ 6.95 First Class
Program B Only	\$ 5.95
Each Additional Program A	\$ 1.25 each
Each Additional Program B	\$ 2.25 each

Order #	Qty	Per Program Price	Total
Program A #A-MK		\$ 50.00	
Program B #B-FK		\$139.00	
#FW-I		\$ 30.00	
#EW-I		\$ 24.00	
#STI-P		\$ 35.00	
#STII-P		\$ 40.00	

Merchandise Subtotal

Sales Tax (8.25%)

Shipping & Handling\*

**TOTAL ENCLOSED**

\* Refer to Shipping Rate Below

### SHIP TO:

Contact \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

### METHOD OF PAYMENT

A Check or Money Order for the total amount is enclosed payable to TPCA (No COD's). Send payment to:  
 TPCA, 401 W. 15<sup>th</sup> Street, Suite 510; Austin, TX 78701-1535

Please charge to my (check one): Exp. Date: \_\_\_\_\_

Visa/MasterCard  American Express

Card No: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**FOR INFORMATION CALL 800-460-8662**

**Fax Your Order To: 1-512-477-4239 24 HOURS A DAY**