



APPLICATION FOR STATUS CHANGE TO PERMITTED EQUIPMENT (Change of Ownership or Name – Rule 302.I)

INSTRUCTIONS:

- Complete application – do not leave any line blank
- If application is for change of ownership, signatures of both the **previous owner** (to show concurrence) and **current owner** (or other designated responsible member of the organization) are required
- Return application to the Air Pollution Control District with the **\$270.00** application fee.

1. **APPLICATION TYPE:** *Change of Ownership* *Change of Name Only*

2. **PREVIOUS PERMIT NO.** _____

3. **FACILITY NAME** (for new permit) _____

4. **FACILITY LOCATION** _____

street address (no P.O. Box) city state zip

CONTACT INFORMATION:

5. **OWNER** (or other responsible member of the organization)

Contact Person _____ Work Phone: _____

Company Name _____ FAX: _____

Address _____ Cell Phone: _____

City, State, Zip: _____ Email: _____

Date: _____

Signature (required) _____

6. **FACILITY** (if different than owner information noted above)

Contact Person _____ Work Phone: _____

Company Name _____ FAX: _____

Address _____ Cell Phone: _____

City, State, Zip: _____ Email: _____

7. **BILLING** (if different than owner information noted above)

Contact Person _____ Work Phone: _____

Company Name _____ FAX: _____

Address _____ Cell Phone: _____

City, State, Zip: _____ Email: _____

8. **INSPECTION** (if different than owner information noted above)

Contact Person _____ Work Phone: _____

Company Name _____ FAX: _____

Address _____ Cell Phone: _____

City, State, Zip: _____ Email: _____

9. **EMISSIONS INVENTORY** (if different than owner information noted above)

Contact Person _____ Work Phone: _____

Company Name _____ FAX: _____

Address _____ Cell Phone: _____

City, State, Zip: _____ Email: _____

10. **PREVIOUS OWNER INFORMATION** (required)

Name _____

Signature _____

(APCD USE ONLY)

Date Stamp	Application	Permit to Operate
	Number: _____	Number: _____
	Fee: _____	Date Issued: _____
	Check No. _____	Comments: _____
	Receipt No: _____	
	Previous App. No. _____	