

## 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

1. APPLICATION TYPE:	☐ Change of Ownership	☐ Change of Name Only
2. PREVIOUS PERMIT NO.		<u></u>
3. FACILITY NAME (for new pe	ermit)	
. FACILITY LOCATION		
	street address (no P.O. Box)	city state zip
ONTACT INFORMATION:		
	le member of the organization)	
Contact Person	, ,	Work Phone:
Company Name		FAX:
Address		Cell Phone:
City, State, Zip:		Email:
		Date:
Signature (required)		
	ın owner information noted above)	
Contact Person		Work Phone:
Company Name		FAX:
Address		Cell Phone:
City, State, Zip:		Email:
. <b>BILLING</b> (if different tha	ın owner information noted above)	
Contact Person	cime:germanen netea azete,	Work Phone:
Company Name		FAX:
Address		Cell Phone:
City, State, Zip:		Email:
	nt than owner information noted above)	
Contact Person	it than owner injormation noted above,	Work Phone:
Company Name		FAX:
Address		Cell Phone:
City, State, Zip:		Email:
	(:f d:ff	
	(if different than owner information no	
Contact Person		Work Phone:
Company Name		FAX:
Address		Cell Phone:
City, State, Zip:		Email:
<b>0.PREVIOUS OWNER INFO</b> Name	RMATION (required)	
Signature		
	(APCD I	USE ONLY)
Date Stamp	Applicat	
	Number:	Number:
	Fee:	Date Issued:
	Check No.	Comments:
	Receipt No:	Comments.
	Previous App. No.	