



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 \$306.36 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.	