



San Joaquin Valley Air Pollution Control District

www.valleyair.org



TRANSFER OF OWNERSHIP/OPERATOR OR NAME CHANGE APPLICATION for CONSERVATION MANAGEMENT PRACTICE (CMP) PLAN

TRANSFER OF OWNERSHIP/OPERATOR: *if yes please answer the following:*

NAME CHANGE ONLY: **No change in facility ownership has occurred.**

1. CMP PLAN TO BE ISSUED TO:		
2. MAILING ADDRESS: STREET/P.O. BOX: _____ CITY: _____ STATE: _____ ZIP CODE (9 digits): _____		
3. LOCATION WHERE THE CMP PLAN IS CURRENTLY COVERING: STREET: _____ CITY: _____		
4. CMP PLAN NUMBER TO BE TRANSFERED: (Use additional sheets if necessary)		
5. In case late fee penalties have accrued on unpaid existing invoice(s), do you request a new owner penalty fee waiver (1-time) ? Yes <input type="checkbox"/> No <input type="checkbox"/>		
6. SIGNATURE OF APPLICANT (Acquiring Owner or Representative):	TYPE OR PRINT TITLE OF APPLICANT:	
7. TYPE OR PRINT NAME OF APPLICANT:	DATE:	TELEPHONE NO:

8. CMP PLAN CURRENTLY ISSUED TO:		
9. MAILING ADDRESS: STREET/P.O. BOX: _____ CITY: _____ STATE: _____ ZIP CODE (9 digits): _____		

FOR APCD USE ONLY:

DATE STAMP	FILING FEE RECEIVED: \$ _____ /
	DATE PAID:
	PROJECT NO.: _____ FACILITY ID.: _____

In Case the Transfer of Ownership/Operator – Name Change application involves Authority(ies) to Construct (ATC), please complete the following:

Facility Number _____

9. STATUS OF AUTHORITY(S) TO CONSTRUCT ON DATE OWNERSHIP WAS TRANSFERED

ATC NO.	UNDER CONSTRUCTION	IN OPERATION	OTHER STATUS*
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

* If OTHER STATUS, please explain.

Signature of New Owner/Operator _____

TRANSFER OF OWNERSHIP/OPERATOR LETTER OF RELEASE

CURRENT CMP PLAN HOLDER

_____, as current holder
(PRINT BUSINESS NAME AS CURRENTLY LISTED on Plan)

of Conservation Management Practices Plan (as listed below) issued by the San Joaquin Valley Unified Air Pollution Control District (SJVUAPCD), hereby releases all rights of ownership to:

_____ as of _____
(PRINT NAME OF BUSINESS TRANSFERRING TO) (EFFECTIVE DATE OF TRANSFER)

CMPP NUMBER and PERMIT(S) NUMBER(S) (if applicable) TO BE TRANSFERED
(PLEASE LIST)

(USE ADDITIONAL SHEETS IF NECESSARY)

SIGNED: _____ **DATE:** _____
(CURRENT OR RELEASING CMPP HOLDER)

NAME: _____ **TITLE:** _____
(PRINT NAME)

ACQUIRING COMPANY/CONTACT

COMPANY:
NAME: _____
(PRINT BUSINESS NAME TO BE LISTED ON CMP PLAN AND ANY PERMITS)

ADDRESS: _____

TELEPHONE: () _____

CONTACT PERSON:
NAME: _____
(PRINT NAME)

TELEPHONE: () _____