**San Joaquin Valley Air Pollution Control District**

www.valleyair.org

**TRANSFER OF OWNERSHIP/OPERATOR OR NAME CHANGE**

**APPLICATION**

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

**[ ] Transfer All Permit Units**

 **[ ] Partial Transfer (Transfer some but not all permit units)**

 **[ ] Sale includes the Transfer of Ownership of existing Emission Reduction Credits (ERCs).** *If yes, please submit a separate ERC Transfer of Ownership Application Form located on the District website at:*

[*http://www.valleyair.org/busind/pto/ptoforms/1ptoformidx.htm*](http://www.valleyair.org/busind/pto/ptoforms/1ptoformidx.htm)

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

|  |
| --- |
| 1. PERMIT(S) TO BE ISSUED TO: |
| 2. MAILING ADDRESS: STREET/P.O. BOX:  CITY: STATE*:*  ZIP CODE *(9 digits):*   |
| 3. LOCATION WHERE THE EQUIPMENT IS CURRENTLY OPERATED: STREET:  CITY:  |
| 4. PERMIT NUMBER(s) 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 [ ] No [ ] |
| 6. SIGNATURE OF APPLICANT **(Acquiring Owner or Representative)**: | TYPE OR PRINT TITLE OF APPLICANT: |
| 7. TYPE OR PRINT NAME OF APPLICANT: | DATE: | PHONE #: CELL PHONE #: FAX #:E-MAIL: |

|  |
| --- |
| 8. PERMIT(S) 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.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Northern Regional Office \* 4800 Enterprise Way \* Modesto, California 95356-8718 \* (209) 557-6400 \* FAX (209) 557-6475Central Regional Office \* 1990 East Gettysburg Avenue \* Fresno, California 93726-0244 \* (559) 230-5900 \* FAX (559) 230-6061 Southern Regional Office \* 34946 Flyover Court\* Bakersfield, California 93308 \* (661) 392-5500\* FAX (661) 392-5585 |

***TRANSFER OF OWNERSHIP/OPERATOR - NAME CHANGE APPLICATION (Cont’d)***

9. Status of Authority(s) to Construct ON DATE OWNERSHIP WAS TransferED

Facility Number

 UNDER

ATC NO. CONSTRUCTION IN OPERATION OTHER STATUS\*

\_\_\_\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ ❒ ❒ ❒ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* If OTHER STATUS, please explain.

Signature of New Owner/Operator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# TRANSFER OF OWNERSHIP/OPERATOR

**LETTER OF RELEASE**

***CURRENT PERMIT HOLDER***

 , as current permit holder

 (*PRINT BUSINESS NAME AS CURRENTLY LISTED ON PERMITS)*

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

 as of

 *(PRINT NAME OF BUSINESS TRANSFERRING TO) (EFFECTIVE DATE OF TRANSFER)*

PERMIT NUMBER(s) TO BE TRANSFERED

*(PLEASE LIST)*

*(USE ADDITIONAL SHEETS IF NECESSARY)*

**SIGNED:**  **DATE:**

 *(CURRENT OR RELEASING PERMIT HOLDER)*

**NAME:**  **TITLE:**

 *(PRINT NAME)*

***ACQUIRING COMPANY/CONTACT***

**COMPANY:**

NAME:

 (*PRINT BUSINESS NAME TO BE LISTED ON PERMITS)*

ADDRESS:

TELEPHONE: ( )

**CONTACT PERSON:**

NAME:

 (*PRINT NAME)*

TELEPHONE: ( )