

Permit-Exempt Equipment Registration (PEER) Transfer Application

- Transfer of Ownership* All PEER Units; or Partial (List PEER Units in Item 5)
**Attach "Transfer of Ownership Letter of Release" Form*
- Name Change Only (No Change in Facility Ownership Has Occurred)
- Transfer of Location All PEER Units; or Partial (List PEER Units in Item 5)

Fees: A nonrefundable filing fee is required for each currently registered emissions unit that is transferring ownership, and any stationary source (facility) requesting a name change according to Rule 3155 (PEER Fees). In the event a facility is subject to both District PEER and District permitting requirements, the governing transfer fee shall be according to Rule 3010 (Permit Fee).

1. PEER(S) TO BE ISSUED TO (FACILITY NAME):		
2. MAILING ADDRESS (STREET / PO BOX):		
CITY:	STATE:	ZIP CODE (9-digit):
3. CURRENT LOCATION WHERE THE EQUIPMENT IS OPERATED (STREET / SEC-T-R / LAT-LONG / UTM COORD):		
CITY:		
4. PREVIOUS LOCATION EQUIPMENT WAS OPERATED (Complete Only If There Has Been A Location Change):		
CITY:		
STATE:		
5. PEER NUMBER(S):		

6. NAME OF APPLICANT:		TITLE OF APPLICANT:
7. SIGNATURE OF APPLICANT (Acquiring Owner/Representative):		DATE:
		PHONE No.:
		FAX No.:
		E-MAIL:

8. PEER(S) CURRENTLY ISSUED TO:		
9. MAILING ADDRESS (STREET / PO BOX):		
CITY:	STATE:	ZIP CODE (9-digit):

---- FOR APCD USE ONLY ----

DATE STAMP	FILING FEE RECEIVED: _____ \$ CHECK NUMBER: _____ DATE PAID: _____ PROJECT NO.: _____ FACILITY ID.: _____
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Northern Regional Office
4800 Enterprise Way
Modesto, CA 95356-8718
(209) 557-6400 * FAX (209) 557-6475

Central Regional Office
1990 E Gettysburg Avenue
Fresno, CA 93726-0244
(559) 230-5900 * FAX (559) 230-6061

Southern Regional Office
34946Flyover Court
Bakersfield, CA 93308-9725
(661) 392-5500 * FAX (661) 392-5585

TRANSFER OF OWNERSHIP NOTICE OF RELEASE

I _____ of _____
PREVIOUS OR RELEASING OWNER'S NAME NAME OF RELEASING COMPANY

as the current holder of record for the PEER unit(s) listed below, and issued by and in accordance with all applicable requirements of the San Joaquin Valley Air Pollution Control District (District), hereby releases all rights of ownership of the subject PEER unit(s) to

_____ effective as of _____
NAME OF BUSINESS TRANSFERRING TO EFFECTIVE DATE OF TRANSFER

SUBJECT PEER UNIT NUMBER(S)

(USE ADDITIONAL SHEETS IF NECESSARY)

SIGNATURE

: _____
SIGNATURE OF PREVIOUS OR RELEASING OWNER SIGNATURE DATE: _____

ACQUIRING COMPANY CONTACT:

CONTACT NAME: _____ COMPANY NAME: _____

MAILING ADDRESS (STREET / PO BOX): _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: _____ FAX NO. _____

EMAIL: _____