



# 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>*
- 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 <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:	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.: _____
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Northern Regional Office \* 4800 Enterprise Way \* Modesto, California 95356-8718 \* (209) 557-6400 \* FAX (209) 557-6475  
 Central 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)**

Facility Number _____
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**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"/> _____
_____	<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 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)

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(USE ADDITIONAL SHEETS IF NECESSARY)

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(CURRENT OR RELEASING PERMIT HOLDER)

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
(PRINT NAME)

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## **ACQUIRING COMPANY/CONTACT**

**COMPANY:**  
NAME: \_\_\_\_\_  
(PRINT BUSINESS NAME TO BE LISTED ON PERMITS)

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

**CONTACT PERSON:**  
NAME: \_\_\_\_\_  
(PRINT NAME)

TELEPHONE: ( ) \_\_\_\_\_