

<b>APPLICATION FOR CHANGE OF NAME AND/OR OWNERSHIP</b>			
<b>SECTION A</b>	<b>CHANGE TYPE</b>	Change of Name * Complete Sections A, B and D	
		Change of Ownership * Complete Sections A, C and D	
		Change of Name and Ownership * Complete Sections A, B, C and D	
* Fee required, see the District's Fee Schedule 601F			
<b>SECTION B</b>	<b>CHANGE OF NAME</b>	New Facility Name:	
		Previous Facility Name: (prior to name change)	
<b>SECTION C</b>	<b>CHANGE OF OWNERSHIP</b>	Facility Name (do not enter if completing Section B):	
		New Owner:	
		Owner's Mailing Address: (if different from facility address below)	
		City, State and Zip Code:	
		Phone :	Email :
		Previous Owner:	
		Previous Owner's Mailing Address:	
		City, State and Zip Code:	
		Phone :	Email :
		<b>SECTION D</b>	<b>FACILITY ADDRESS AFFECTED PERMIT(S)</b>
City, State and Zip Code:			
All Facility Permits			
ATC Permit Number(s):			
PTO Permit Number(s):			
<b>SIGN</b>	<b>Signature of Company's Responsible Person:</b>	Title:	
	Name (Printed or Typed):	Date:	
	Phone:	Email:	