

APPLICATION FOR CHANGE OF NAME AND/OR OWNERSHIP

SECTION A	CHANGE TYPE	<input type="checkbox"/> Change of Name * Complete Sections A, B and D	<input type="checkbox"/> Change of Ownership * Complete Sections A, C, D and E	<input type="checkbox"/> Change of Name and Ownership * Complete Sections A, B, C,D, and E
		* Fee required, see the District's Fee Schedule 601F		
SECTION B	CHANGE OF NAME	New Facility Name:		
		Previous Facility Name: (prior to name change)		
SECTION C	CHANGE OF OWNERSHIP	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 :	
SECTION D	FACILITY ADDRESS AFFECTED PERMITS	Facility Address:		
		City, State and Zip Code:		
		<input type="checkbox"/> All Facility Permits		
		<input type="checkbox"/> ATC Permit Number(s):		
		<input type="checkbox"/> PTO Permit Number(s):		
SECTION E	PAST VIOLATIONS	Identify all emissions violations for which a notice of violation was written and a variance was not in effect at any facility owned or operated by the new owner/operator in the state in the last three years. If there were no emission violations, check this box: <input type="checkbox"/> None		
SIGN	Signature of Company's Responsible Person:		Title:	
	Name (Printed or Typed):		Date:	
	Phone: ()		Email:	