



**Application for Transfer of Ownership –
 for Authority to Construct or Permits to Operate**

**Christopher D. Brown AICP
 Air Pollution Control Officer**

Serving Sutter and Yuba Counties

Filing Fee \$52.52 (non-refundable and to be submitted with this application)

Fees are subject to change. If you store blank forms, please check with the District for updated information before filing.

DIRECTIONS: Please complete this form **ONLY** if there is a change of ownership. Please provide all information requested in this application. Fill in the information exactly as you would like it to appear on the permit (including punctuation, capitalization, and abbreviations).

SECTION I PREVIOUS COMPANY / OWNERSHIP INFORMATION

| | | | |
|-----------------------------|--|------------------------|--|
| FRAQMD Permit #: | | PREVIOUS COMPANY NAME: | |
| PREVIOUS OWNER: | | | |
| PREVIOUS OWNER'S SIGNATURE: | | | |

SECTION II NEW COMPANY / OWNERSHIP INFORMATION

| | | | |
|---|--|---------|--|
| COMPANY NAME (as it will appear on the permit): | | | |
| COMPANY CONTACT: | | TITLE: | |
| PHONE: | | FAX: | |
| | | E-MAIL: | |

SECTION III FACILITY INFORMATION

| | | | |
|---|--|-----------|--|
| FACILITY NAME (if different than Company Name): | | | |
| FACILITY LOCATION / ADDRESS: | | | |
| CITY: | | STATE: | |
| | | ZIP CODE: | |
| ON-SITE CONTACT: | | TITLE: | |
| PHONE: | | FAX: | |
| | | E-MAIL: | |

SECTION IV PERMIT TO OPERATE MAILING / BILLING INFORMATION

NOTE: THIS IS WHERE ALL ANNUAL RENEWAL INVOICES AND PERMIT RENEWALS WILL BE MAILED TO

| | | | |
|------------------|--|-----------|--|
| MAILING NAME: | | | |
| MAILING ADDRESS: | | | |
| CITY: | | STATE: | |
| | | ZIP CODE: | |
| MAILING CONTACT: | | TITLE: | |
| PHONE: | | FAX: | |
| | | E-MAIL: | |

SECTION V NEW COMPANY CERTIFICATION STATEMENT

I certify under penalty of perjury under the laws of the State of California, based on information and belief formed after reasonable inquiry, that the information contained in this application, is true, accurate, and complete, and that I am the responsible official.

RESPONSIBLE OFFICIAL SIGNATURE: _____

NAME (PRINTED): _____ TITLE: _____ DATE: _____

FOR FRAQMD USE ONLY

RECEIPT #: _____ CHECK NUMBER: _____ DATE: _____ RECEIVED BY: _____