

PART 2 - TRANSFEROR (Present or Former Owner/Operator/Lessee/Applicant) Completes:

1. Name of Transferor Telephone Number (Daytime)

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Mailing Address:

Email:

Post Office City, State, Zip Code:

2. Name Of Facility/Project, if different from Facility Name in Part 1:

3. **CERTIFICATION:** This certifies that ownership, operation, or a lease for the facility identified in Part 1 of this form

☐ will be / ☐ was conveyed to the party identified as the Transferee on _____ (date).

I affirm that this conveyance includes the responsibilities, rights, and obligations of the permits, approvals, or applications identified above.

Printed Name and Title of Transferor _____

Signature of Transferor _____ Date _____

PART 3 - PERMIT TRANSFER VALIDATION SECTION - Division of Environmental Quality Completes:

(FOR DEQ USE ONLY)

☐ Transfer of permit approved, effective as of _____. Transferee subject to conditions of original permit, without exception.

☐ See attached revised permit page(s): _____

- OR -

☐ Transfer of application approved. See attached for additional information required.

☐ Transfer denied, new application required. Please complete the enclosed permit application and return it to DEQ.

DEQ CLEAN AIR PROGRAM MANAGER

SIGNATURE

DATE

BECQ ADMINISTRATOR

SIGNATURE

DATE