

Commonwealth of the Northern Mariana Islands OFFICE OF THE GOVERNOR

Bureau of Environmental and Coastal Quality – Division of Environmental Quality



P.O. Box 501304, Saipan, MP 96950-1304 DEQ Tel.: (670) 664-8500/01; Fax: (670) 664-8540 DCRM Tel.: (670) 664-8300; Fax: (670) 664-8315 www.becq.gov.mp

Application for Permit Transfer MMIAC \$ 65-10-008 (b) stotes that "All minor source permits issued pursuant to these regulations shall not be transferable, whether by operation of line or otherwise, from one person to another without the approval of the Administrator. A request for transfer from one person to another shall be made on a permit transfer application from furnished by the Administrator. PART 1 - TRANSFEREE (New Owner/Operator/Lessee/Applicant) Completes: 1. List Permit Number(s) and Their Effective and Expiration Dates or Applicant Name on Application under BECQ Review:	Clean Air Program	BECQ USE ONLY			
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Owner Operator Decision Owner Owner Operator Owner	1. List Permit Number(s) and Their Effective and Expiration Dates or Applicant Name on Application under BECQ Review:				
Mailing Address: Email: Post Office City, State, Zip Code: 3. Name of Facility/Project: Location (or Street Address, P.O. City, State, Zip Code, if applicable): Telephone Number (Daytime): () - Mailing Address: Email: Post Office City, State, Zip Code: 5. Has Work Begun On The Project? Yes No If "No," proposed starting date: Approximate completion date: Approximate completion date: Email: Approximate completion date: Approximate completion date: Email: Approximate completion date: Approximate	2. Name of Transferee: Telepho	one Number (Daytime): Transferee is a/an: (Check all that apply)			
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Post Office City, State, Zip Code: 3. Name of Facility/Project: 4. Facility Authorized Representative: Telephone Number (Daytime): () - Mailing Address: Email: Post Office City, State, Zip Code: 5. Has Work Begun On The Project? Yes No If "No," proposed starting date: Approximate completion date: Approximate completion date: 6. CERTIFICATION: This certifies that the Transferee seeks to be the legally responsible party for operations or project development either authorized by the permits identified above or proposed in applications identified above. The Transferee has a copy of the permit(s) and/or application(s) and understands and will comply with all conditions in the referenced permit(s) or supports the content of referenced application(s). Facility operations/project scope/discharges/emissions will remain the same as authorized or as proposed in pending applications. Further, I hereby affirm that under penalty of perjury that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief.		☐ Lessee ☐ Applicant			
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Timed value and rate of fransieree					
Signature of Transferee Date	Signature of Transferee	Date			

PART 2 - TRANSFEROR (Present or Former Owner/Operator/Lessee/Applicant) Completes:				
1.	Name of Transferor	Telephone Number (Daytime)		
		()		
Ma	iling Address:	Email:		
Pos	t Office City, State, Zip Code:			
2.	Name Of Facility/Project, if different from Facili	ity Name in Part 1:		
3.	CERTIFICATION: This certifies that ownership, o	operation, or a lease for the facility identified in Part 1 of	this form	
	\square will be / \square was conveyed to the party iden	ntified as the Transferee on	(date).	
	I affirm that this conveyance includes the respoidentified above.	onsibilities, rights, and obligations of the permits, approv	als, or applications	
	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	
exc	eption.			
	See attached revised permit page(s):			
		- OR -		
☐ Transfer of application approved. See attached for additional information required.				
	Transfer denied, new application required. Plea	ase complete the enclosed permit application and return	it to DEQ.	
		SIGNATURE	DATE	
	DEQ CLEAN AIR PROGRAM MANAGER			
	DEQ CLEAN AIR PROGRAM MANAGER			
	DEQ CLEAN AIR PROGRAM MANAGER BECQ ADMINISTRATOR	SIGNATURE	DATE	
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