



**TRANSFER OF OWNERSHIP & PERMIT/REGISTRATION REQUIREMENTS**

Current Stationary Source Facility Name(s) \_\_\_\_\_  
Authority to Construct or Registration Number(s) \_\_\_\_\_  
Stationary Source Location \_\_\_\_\_  
Effective Date of Transfer \_\_\_\_\_  
Current Owner of the Permit(s) or Registration(s) \_\_\_\_\_  
Current Responsible Official \_\_\_\_\_  
New Owner of the Permit(s) or Registration(s) \_\_\_\_\_  
New Responsible Official \_\_\_\_\_  
Contact Number of New Responsible Official \_\_\_\_\_

**NOTICE:** All terms and conditions of the transferred permit(s) and registration(s) still apply. Upon signing below the new owner will be subject to the terms of the permit(s) or registration(s). All applicable Albuquerque-Bernalillo County Air Quality Control Regulations, whether listed in permit(s) and registration(s) or not, will apply. In addition, the new owner or certificate holder shall be liable for violations of the Permit(s) or Registration(s) before the date of transfer. The new owner shall comply with all permit conditions, including pending applications associated with the stationary source and financial responsibilities. The individual who signs below on behalf of the new owner verifies that the transfer will not result in a change in operation of the stationary source. The new owner shall maintain the Facility in compliance with the Air Quality Control Act and the laws and regulations in force pursuant to the Act.

**For permitted sources, submit a fee for an Administrative Modification to an existing permit (20.11.2.18.G. NMAC).**

<b>Current Permit/Registration Owner (Pre-Transfer)</b>				
Company Name of Current Owner _____				
Name, Title _____				Date _____
Address _____	City _____	State _____	Zip Code _____	Telephone Number _____
I certify I am authorized to bind the current permit owner or registration holder and that the statements and information in and attached to this document are true, accurate, and complete.				
Signature _____		Title _____	Date _____	
<b>New Permit/Registration Owner</b>				
Company Name of New Owner _____				
Name, Title _____				Date _____
Address _____	City _____	State _____	Zip Code _____	Telephone Number _____
I certify I am authorized to bind the current permit owner or registration holder and that the statements and information in and attached to this document are true, accurate, and complete. The new owner hereby accepts the conditions set out in the "NOTICE" paragraph above and the assignment of the above described stationary source permit(s) and registration(s) from the current owner.				
Signature _____		Title _____	Date _____	
<b>FOR OFFICIAL USE ONLY</b>				
Transfer Signed and Approved By _____			Date: _____	

**New Owner or Operator Identification Information (Complete one for Each Facility)**

Facility Name \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
UTM coordinates: \_\_\_\_\_ east \_\_\_\_\_ north

Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_

Operator (*if different from owner*) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Contact \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Representative \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Responsible Official \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Contact \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**I certify that the statements and information in and attached to this document are true, accurate, and complete.**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Responsible Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_