



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).

Current Permit/Registration Owner (Pre-Transfer)				
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 _____	
New Permit/Registration Owner				
Company Name of New Owner _____				
Name, Title _____				Date _____
Address _____	City _____	State _____	Zip Code _____	Telephone Number _____
I certify I am authorized to bind the new 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 _____	
FOR OFFICIAL USE ONLY				
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: _____