



**City of Albuquerque – Environmental Health Department
Air Quality Program**

Please mail this application to **P.O. Box 1293, Albuquerque, NM 87103**
or hand deliver between 8:00 am – 5:00 pm Monday-Friday to:
3rd Floor, Room 3023 – One Civic Plaza NW, Albuquerque, NM 87102
(505) 768-1972 agd@cabq.gov 1-800-659-8331 (TTY)



**Air Quality Permit/Registration/AQN
Transfer of Ownership**

NEW OWNER must complete the Permit Application Review Fee Checklist and Compliance History Disclosure Form (<https://www.cabq.gov/airquality/air-quality-permits/air-quality-application-forms#GeneralPermits>), and submit them with this form and a \$250 payment for an Administrative Revision for each transfer. For facilities transferring to an AQN along with the transfer of ownership, or transfer of ownership for an existing AQN, see the AQN Application Instructions document for additional required forms and fees.

If requesting five or more transfers, complete this form and attach a list of all Permit/Registration/AQN numbers being transferred and the facility details for each.

| CURRENT OWNER (BEFORE TRANSFER) | | | |
|--|--------|--|--|
| Company Name | | Company Address (Street, City, State, Zip) | |
| | | | |
| Facility Name | | | <i>Current Permit/Registration/AQN #</i> |
| | | | |
| Contact (Name, Title) | E-mail | Phone | |
| | | | |
| Signature | | | Date Signed |
| | | | |

I certify I am authorized to bind the current Permit/Registration/AQN Holder and that the information provided is true and complete.

NEW OWNER information on the second page of this form must be completed in addition to the CURRENT OWNER information on this page.



**City of Albuquerque – Environmental Health Department
Air Quality Program**

Please mail this application to **P.O. Box 1293, Albuquerque, NM 87103**
or hand deliver between 8:00 am – 5:00 pm Monday-Friday to:
3rd Floor, Room 3023 – One Civic Plaza NW, Albuquerque, NM 87102
(505) 768-1972 aqd@cabq.gov 1-800-659-8331 (TTY)



**Air Quality Permit/Registration/AQN
Transfer of Ownership**

| NEW OWNER (AFTER TRANSFER) | |
|---|--|
| OWNER | Company Name <i>Effective Date of Transfer</i> |
| | Company Address (Street, City, State, Zip) Contact E-mail |
| | Company Contact (Name, Title) Contact Phone |
| | |
| FACILITY | Facility Name |
| | Facility Physical Address (Street, City, State, Zip) Contact E-mail |
| | Facility Contact (Name, Title) Contact Phone |
| | Facility Mailing Address (if different from physical address) Responsible Person Contact E-mail |
| | Responsible Person (Name, Title) Responsible Person Contact Phone |
| | |
| BILLING | Billing Company Name |
| | Billing Address (Street, City, State, Zip) Contact E-mail |
| | Billing Contact (Name, Title) Contact Phone |
| | |
| <p>NOTICE: All terms and conditions of the transferred Permit(s), Registration(s) or AQN(s) still apply. Upon signing above, the new owner will be subject to the terms of the Permit(s), Registrations(s) or AQN(s). All applicable Albuquerque-Bernalillo County Air Quality Control Board Regulations, whether listed in the Permit(s), Registrations(s) and AQN(s) or not, will apply. In addition, the new owner (Permittee) or Registration/AQN Holder shall be liable for violations of their Permit(s), Registrations(s) or AQN(s) before the date of transfer. The new owner shall comply with all Permit/Registration/AQN 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 regulation in force pursuant to the Act.</p> | |
| Print Name | Print Title |
| Signature | Date Signed |

I certify I am authorized to bind the new Permit/Registration/AQN Holder and that the information provided is true and complete.