



**CITY OF ALBUQUERQUE
ENVIRONMENTAL HEALTH DEPARTMENT**



**AIR QUALITY PERMIT/REGISTRATION
TRANSFER OF OWNERSHIP**

Please mail this application to: P.O. Box 1293 Albuquerque, NM 87103	Or hand deliver to: (Mon-Fri 8am-5pm) One Civic Plaza NW, Room 3023 Albuquerque, NM 87102	Need Assistance? Air Quality Program: 505-768-1972 1-800-659-8331 (TTY)
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NEW OWNER must complete a [Permit Application Review Fee Checklist](#) and submit payment of \$250 per transfer.
If requesting multiple permit/registration transfers, complete this form and attach a list of all permit/registration #'s being transferred.

CURRENT OWNER (BEFORE TRANSFER)		
Facility Name		<i>Existing Permit /Registration#</i>
Contact Name	E-mail	Phone
Signature (Sign, Print Title)		Date Signed

I certify I am authorized to bind the current permit/registration holder and that the information provided is true and complete.

NEW OWNER (AFTER TRANSFER)			
OWNER	Owner Name (Company Name)	<i>Effective Date of Transfer</i>	
	Owner Address (Street, City, State, ZIP)		
	Owner Contact (Name, Title)	E-mail	Phone
FACILITY	Facility Name		
	Facility Physical Address (Street, City, State, ZIP)		
	Facility Contact (Name, Title)	E-mail	Phone
	<i>Facility Mailing Address (if different from above)</i>		
BILLING	Billing Address (Street, City, State, ZIP)		
	Billing Contact (Name, Title)	E-mail	Phone
Signature (Sign, Print Title)		Date Signed	

I certify I am authorized to bind the new permit/registration holder and that the information provided is true and complete.

Official use Only	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reviewed By	Date	Last Revised 8/2017
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