



YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT
1947 Galileo Court, Suite 103; Davis, CA 95618
Phone - (530) 757-3650 Fax - (530) 757-3670

PERMIT TO OPERATE (PTO) CHANGE APPLICATION
CHANGE OF OWNERSHIP, NAME CHANGE
MAILING ADDRESS CHANGE, BILLING ADDRESS CHANGE

A separate application is required for each facility location. Refer to the attached instructions for more detail.

1. REQUEST TYPE:

Change of ownership Name change Mailing address change Billing address change

PTO Number(s): _____

(Attach additional information in same format, if more space is needed)

2. FOR CHANGE OF OWNERSHIP AND/OR NAME CHANGE ONLY:

PREVIOUS PTO INFORMATION: Indicate the company name on the current PTO:

Company Name: _____

Facility location: _____

FOR OWNERSHIP CHANGE:

Signature of previous owner/responsible official: _____

3. NEW PTO INFORMATION: Specify the name and address of the person, partnership, company, corporation or agency to be held responsible for and named on the new permit. **Permit will be mailed to the location listed below.**

Company Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Responsible Official: _____ Title: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

E-mail Address: _____

4. BILLING ADDRESS (if same as above check here or otherwise list billing address below):

Contact Name: _____ Title: _____

Billing Address: _____

City, State and Zip Code: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

E-mail Address: _____

5. PROCESSING FEE: A processing fee (see Form 06 or Rule 4.1 for fee amount) is required for each application and must be submitted with the application.

6. SIGNATURE: Application must be signed by the responsible official listed in section 3. By signing this document you are indicating that all information contained in this document and in any attachments are true, accurate and complete to the best of your knowledge.

SIGNATURE: _____ DATE: _____

(ORIGINAL SIGNATURE REQUIRED. NO PHOTOCOPIES)

<p>FOR DISTRICT USE ONLY (Print)</p> <p>Date Stamp Received: _____</p> <p>Appln. Fee Received: \$ _____ Invoice #: _____ Receipt #: _____</p>
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STATIONARY SOURCE PERMIT PROGRAM

PERMIT TO OPERATE (PTO) APPLICATION

CHANGE OF OWNERSHIP, NAME CHANGE
MAILING ADDRESS CHANGE, BILLING ADDRESS CHANGE

Need Assistance? Please contact the District staff and schedule an appointment for a free consultation to assist you in completing your permit application package. They can be reached at (530) 757-3650 or toll-free within the (916), (530) & (707) area codes at (800) 287-3650.

A separate application is required for each facility location. For example, if company XYZ Polluter has three widget factories, one in Woodland with two PTOs, one in Davis with four PTOs, and one in Vacaville with one PTO, three separate applications would be required.

This application form does not allow any changes to the permitted operations. If applicable, the new owner must operate the equipment consistent with the equipment inventory, location, conditions and throughput of the existing PTO. Any changes must go through the Authority to Construct (ATC) process prior to making the change. Contact the District's Engineering Technician for assistance at the same phone number as listed above.

All outstanding fees that are currently due and payable under the former owner must be paid prior to transfer of ownership.

GENERAL INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

1. **REQUEST TYPE:** Specify whether the request is for a change of ownership, name change, mailing address change, and/or a billing address change.
2. **FOR CHANGE OF OWNERSHIP AND/OR NAME CHANGE ONLY - PREVIOUS PTO INFORMATION:** Identify the company name and permit number as they are written on the current PTO. For a change of ownership, this would be the former owners information and signature. By signing here, the former owner is releasing interest in the permit. In lieu of a signature of the former owner on the application, the District will accept a signed letter from the former owner consenting to releasing interest in the permit. For a name change, this would be what the company was previously called. For a mailing address or billing address change only, this section can be left blank.
3. **NEW PTO INFORMATION:** Specify the name and address of the person, partnership, company, corporation or agency to be held responsible for and named on the permit. The responsible official is an individual with the authority to certify that a source will comply with all District requirements and conditions set forth in a permit. The permit will be mailed to this location.
4. **BILLING ADDRESS:** Specify the billing address for the PTO if different then the permit mailing address. If the address is the same please check the box in this section.
5. **PROCESSING FEE:** A processing fee (see Form 06 or Rule 4.1 for fee amount) is required for each application. The fee must be submitted with the request form. Make checks payable to Yolo-Solano AQMD. Per District rule 4.1, all application fees which are submitted are non-refundable and may not be transferred or used for other applications.

A fee is not required for change in the billing address. With this change, a permit will not be reissued, however future invoices will be sent to the new address.

6. **SIGNATURE:** This application must be signed by the responsible official of the new company. An original signature is required, no photocopies.

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