



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)
MAILING AND/OR BILLING ADDRESS CHANGE APPLICATION**

A separate application is required for each facility location. There is no charge to change the mailing and/or billing address. This application form does not allow any changes to the permitted operations. Equipment must operate consistent with the equipment inventory, location, conditions and throughput of the existing PTO's. Permits will be reissued with new mailing address upon annual renewal.

1. **INDICATE CHANGE:** Mailing Address Change Billing Address Change

2. **NAME OF BUSINESS/ORGANIZATION UNDER PERMIT (and DBA if applicable):**

3. **FACILITY LOCATION:** _____

(Admin: list all applicable PTO#'s below)

4. **MAILING ADDRESS CHANGE:**

Department Or Title (If You Want This To Be Listed On Permit)

Number Street City State Zip Code

5. **BILLING ADDRESS CHANGE IF DIFFERENT THAN ABOVE:**

Department or Title (If You Want This To Be Listed On Invoices)

Number Street City State Zip Code

Phone Number Fax Number

6. **SIGNATURE OF RESPONSIBLE OFFICIAL** (By signing this document you are indicating that all information contained in this document and in all attachments are true, accurate and complete to the best of your knowledge):

Signature Required Date

Print Name Title

Phone Number Fax Number Email Address

7. **CONTACT PERSON FOR INFORMATION SUBMITTED WITH THIS APPLICATION, IF DIFFERENT THAN ABOVE:**

Print Name Title

Phone Number Fax Number Email Address

FOR DISTRICT USE ONLY
Date Stamp Received: _____
PTO#s: _____