**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. The fee to change a mailing address is $55 and there is no fee to change a 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 - $55 Fee ☐ Billing Address Change – No Fee

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

_____

**3.** **FACILITY LOCATION:**_____

**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 Email Address

***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:_____