



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) - TRANSFER OF OWNERSHIP/NAME CHANGE APPLICATION

A separate application is required for each facility location. This application form does not allow any changes to the permitted operations. Any changes in the process including equipment inventory, location, conditions and throughput of the existing PTO requires the owner to go through the Authority to Construct (ATC) process prior to making the change. In addition, if transferring ownership, if the permit(s) are subject to source testing, the frequency is based on the last time the equipment passed a source test, not the date of the permit transfer. Contact the District if you need assistance.

INSTRUCTIONS:

- **YOU ARE ADVISED TO CALL THE DISTRICT OFFICE FOR ASSISTANCE AT (530) 757-3650.**
- **CHECKLIST TO ENSURE YOUR APPLICATION IS COMPLETE:**
 - SUBMIT APPROPRIATE FEE TO TRANSFER OWNERSHIP OR CHANGE A NAME ON THE PERMIT(S). Call, or refer to Form 06 and/or Rule 4.1 for fee amount. To pay by credit/debit card, visit: www.ysaqmd.org/permits/make-a-payment/ (service fee applies).
 - OUTSTANDING INVOICES AND/OR COMPLIANCE ISSUES COULD DELAY THE TRANSFER OF THE PERMIT(S).
 - RELEASE OF OWNERSHIP OF PTO: Transfer of ownership requires the former owner to sign the application form or release responsibility by letter.
 - ANNUAL THROUGHPUT FORM MUST ALSO BE SUBMITTED BY PRIOR OWNER UNDER A TRANSFER OF OWNERSHIP FOR THE PERIOD OF TIME THE OPERATION WAS UNDER THEIR CONTROL.
 - RESPONSIBLE OFFICIAL SIGNATURE: This application must be signed by the responsible official of the new business/organization, or existing business for name change.

1. **INDICATE CHANGE:** Transfer of Ownership Name Change

2. **NAME OF BUSINESS/ORGANIZATION THAT IS TO RECEIVE THE PERMIT(S):**

DBA (if applicable): _____

3. **EQUIPMENT LOCATION INFORMATION (ADDRESS, PHONE AND FAX NUMBER WHERE EQUIPMENT IS LOCATED):**

Number Street City State Zip Code

Phone Number Fax Number

4. **MAILING ADDRESS, IF DIFFERENT THAN ABOVE:**

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

Number Street City State Zip Code

FOR DISTRICT USE ONLY Amt: \$ _____ Initials: _____

Date Stamp Received: _____ Check/Credit Card: _____

PTO#s: _____

5. BILLING ADDRESS, 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 NEW 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. Signed applications may be transmitted by facsimile (fax) or electronic mail (email), and any such signature shall have the same legal effect as an original.):

Signature

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 TRANSFER OF OWNERSHIP ONLY:

8. RELEASE OF RESPONSIBILITY BY PREVIOUS OWNER/RESPONSIBLE OFFICIAL:

Name of Business/Organization Transferring Ownership

Signature

Phone Number

Print Name

Date

Effective Date of Transfer of Ownership:

Date

If you are unable to receive a signature or letter releasing responsibility by previous owner, explain below: