

CHANGE OF OWNERSHIP APPLICATION INSTRUCTIONS

Be sure to review the following instructions prior to completing this form. More detailed instructions can be found on Page 6.

This application shall be used to transfer a permit from the current permit holder to another person/owner. If there will also be a change in process, materials, and/or emissions currently permitted at the facility, a new stationary source permit application will need to be submitted in addition to the Application for Change of Ownership.

1. A Permit to Operate is not transferrable, by operation of law or otherwise, from one location to another, or from one piece of equipment or process to another but may be transferred from one person to another upon approval of the Control Officer and payment of a transfer fee set by the District Board of Health. ([DBOH Regulations Governing Air Quality Management – Source Permitting and Operation 030.245](#)).
 - (a) The new permit holder is entitled to use the permit until expiration at no further cost. It is unlawful to deface, alter, forge, counterfeit, or falsify any Permit to Operate issued by the Control Officer. (030.245)
 - (b) The fee for transfer of a Permit to Operate is as set by the District Board of Health. (030.320)
2. The Control Officer shall approve an application for the transfer of a permit if all the following requirements are met:
 - (a) The emission unit(s) subject to the permit is(are) in compliance with all applicable federal, state, and local air quality regulations.
 - (b) The AQMD has reviewed the permit issued and determined that its conditions are adequate to ensure compliance with, and enforceability of, the requirements for the emission unit(s); and
 - (c) All fees and assessed penalties associated with the permit have been paid. Any outstanding fees are the responsibility of the new owner.
 - (d) Where (2)(b) has not been met, the Control Officer shall require that the permit be revised to specify the permit conditions necessary in accordance with all applicable requirements. This may necessitate an application for a modification to the existing Permit to Operate.
3. The application must be filled out completely for all items that are applicable, except where noted as optional.
4. The application must have an **original wet-ink signature** by the Responsible Official, and therefore cannot be transmitted electronically. Responsible Official is defined in [DBOH Regulations Governing Air Quality Management 010.1305](#):

“a Corporation’s Chairman, Chief executive officer, president, vice president in charge of a principal business function, secretary, treasurer or designated environmental representative of a corporation responsible for overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and approved in advance by the Control Officer; a general partner in a partnership; the

proprietor of a sole-proprietorship; or the principal executive officer or ranking elected official of a public agency. For sources subject to Title IV of the act, the responsible official shall be the representative who meets the requirements promulgated in 40 CFR Part 72.”

5. The application should be hand delivered to the AQMD drop box located ([here](#)), or mailed to:

NNPH, AQMD
1001 E. Ninth Street, Suite B171
Reno, NV 89512

FEES AND PAYMENTS

An **Administrative Amendment Fee** must be submitted with this application. AQMD fee schedule: <https://www.nnph.org/resources/fees/air-quality-management-fees.php>

Invoices must be paid by check, money order, or credit card. Make checks and money orders payable to Northern Nevada Public Health, Air Quality Management Division or NNPH, AQMD. For payment with a credit card, the applicant will be notified by email once the invoice is ready for payment. Payment may be made with a credit card following the instructions ([here](#)), or by calling the AQMD at (775) 784-7200 Option 0 Monday-Friday 8am-4pm.

ASSISTANCE AND RESOURCES

District Board of Health Regulations Governing Air Quality Management:
<https://www.nnph.org/programs-and-services/air-quality/regulations/index.php>

The Air Quality Management Division Permitting Department can be contacted at 775-784-7200 or AQMDPermitting@nnph.org.

FOR AQMD USE ONLY

APPLICATION FOR CHANGE OF OWNERSHIP

Existing Facility Information

1. Existing Facility Name:		
2. Permit Number (AAIRXX-XXXX):		
3. Facility Physical Address:		
City:	State:	ZIP Code:

New Owner / Company Information

4. New Facility Name (to be listed on the permit):		
5. Legal Company Name of New Owner:		

Contact Information

6. Facility Mailing Address		
Street Number and Name:		
City:	State:	ZIP:
7. Facility Billing Address		
Street Number and Name:		
City:	State:	ZIP:
8. Permitting Contact		
Name:		Title:
Phone Number:		Fax Number:
Email:		
9. Billing Contact		
Name:		Title:
Phone Number:		Fax Number:
Email:		
10. Facility On-Site Contact		
Name:		Title:
Phone Number:		Fax Number:

Email:		
11. Additional Contact Information (Optional)		
Permitting Contact Billing Contact On-Site Contact Other (specify):		
Name:		Title:
Phone Number:		Fax Number:
Email:		
Responsible Official Information		
Name:		Title:
Phone Number:		Fax Number:
Email:		
Mailing Address:		
City:	State:	ZIP Code:
Facility Manager/Environmental Representative (Optional)		
Name:		Title:
Phone Number:		Fax Number:
Email:		
Environmental Consultant (Optional)		
<p><i>Please note that by identifying a consultant, the Responsible Official (RO) consents that such consultant has the authority to communicate directly with the AQMD for the limited purpose of providing supplemental information and comments in support of the information already provided by the RO. The RO acknowledges that any change to, or withdrawal of information must be done by the RO.</i></p>		
Name:		Title:
Phone Number:		Fax Number:
Email:		
Mailing Address:		
City:	State:	ZIP Code:

As the Responsible Official, I accept responsibility for the compliance status of the facility. I understand that any willful misrepresentation shall be cause for revocation of the operating permit. I acknowledge that only changes taking place are administrative and there will be no changes to the hours of operation, process, materials, or emissions as currently permitted. I understand that as the Responsible Official of the facility, I am responsible for meeting all federal, state, and local air quality regulations.

This application is submitted in accordance with the provisions of Section 030.000, and under penalty of perjury, to the best of my knowledge the information supplied in this document is true and correct. By signing you are acknowledging that there will be no changes to the facility as specified in the existing Permit to Operate.

Responsible Official Signature (wet-ink signature)

Date

Print Name

Title

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Existing Facility Information (Required)

1. Provide the facility name as it appears on the existing Permit to Operate, which can be found at the top of Page 1 of the existing Permit to Operate where it says, "Permit Issued To".
2. Provide the Permit Number, which can be found at the top of Page 1 of the existing Permit to Operate (ex. AAIRXX-XXXX).
3. Provide the physical address of the facility.

New Owner / Company Information (Required)

4. Provide the new facility name as you'd like it to appear on the Permit to Operate.
5. Provide the legal company name of the new owner, as registered with the State of Nevada.

Contact Information (Required)

6. Provide the mailing address of the facility.
7. Provide the billing address of the facility.
8. Permitting Contact Information. Provide the name, title, phone and fax numbers, and email address of the facility's permitting contact.
9. Billing Contact Information. Provide the name, title, phone and fax numbers, and email address of facility's billing contact.
10. On-Site Contact Information. Provide the name, title, phone and fax numbers, and email address of the facility's on-site contact.
11. Additional Contact Information (Optional). Select the appropriate option and provide the name, title, phone and fax numbers, and email address of the additional contact.

Responsible Official Information (Required)

Provide the name, title, phone and fax numbers, email address, and mailing address of the Responsible Official. A Responsible Official is defined as:

"a Corporation's Chairman, Chief executive officer, president, vice president in charge of a principal business function, secretary, treasurer or designated environmental representative of a corporation responsible for overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and approved in advance by the Control Officer; a general partner in a partnership; the proprietor of a sole-proprietorship; or the principal executive officer or ranking elected official of a public agency. For sources subject to Title IV of the act, the responsible official shall be the representative who meets the requirements promulgated in 40 CFR Part 72."

Facility Manager/Environmental Representative (Optional)

Provide the name, title, phone and fax numbers, and email address of the facility manager or environmental representative.

Environmental Consultant (Optional)

Provide the name, title, phone and fax numbers, and email address of the Environmental Consultant. By identifying a consultant, the Responsible Official (RO) consents that such consultant has the authority to communicate directly with the AQMD for the limited purpose of providing supplemental information and comments in support of the information already provided by the RO. The RO acknowledges that any change to, or withdrawal of information must be done by the RO.