

CHANGE OF OWNERSHIP APPLICATION INSTRUCTIONS

I. APPLICATION INSTRUCTIONS

This application shall be used to request a change in ownership or operational control of a stationary source. If there will also be a change in process, materials, and/or emissions currently permitted at the facility, a permit revision may be required in addition to the Application for Change of Ownership.

A. A Permit to Construct/Operate is not transferable, by operation of law or otherwise, from one location to another, or from one piece of equipment or process to another. A change in ownership or operational control of a stationary source shall be approved if all of the following conditions are met:

- (1) The emission unit(s) subject to the permit is(are) in compliance with all applicable federal, state, and local air quality regulations;
- (2) The Control Officer 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
- (3) All outstanding fees and assessed penalties for the facility and associated with the parent company of the facility have been paid. This includes the fee associated with this application. Any outstanding fees are the responsibility of the new owner.
- (4) Where paragraph A.(2) 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 Construct/Operate.

B. The application must be filled out completely for all items, except where noted as optional.

C. The application must have an **original wet-ink signature** by the Responsible Official identified on this application, and therefore **cannot be transmitted electronically**. Responsible Official is defined as: (DBOH 030.010.A)

(1) For a corporation:

- i. A President;
- ii. A Vice President in charge of a principal business function;
- iii. A Corporate Secretary; or
- iv. A Treasurer.

(2) For a partnership or sole proprietorship, a general partner or the proprietor, respectively.

(3) For a municipality or a state, federal or other public agency, a ranking elected official or a principal executive officer, including, for a federal agency, a chief executive officer who has responsibility for the overall operations of a principal geographic unit of the agency.

D. The **original application with a wet-ink signature** shall be [hand delivered to the AQMD drop box](#), or mailed to:

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

II. FEES AND PAYMENTS

- A. An **Administrative Amendment Fee** must be submitted with this application. [Reference the AQMD Fee Schedule for the most current fees.](#)
- B. 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 [detailed payment instructions](#).

III. 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.

APPLICATION FOR CHANGE OF OWNERSHIP

FOR AQMD USE ONLY

Permit No.:

Existing Facility Information

1. Permit Number (AAIRXX-XXXX):

2. Facility Name (as listed on the current permit):

3. Facility Physical Address:

City:

State:

ZIP Code:

New Owner / Company Information

4. Indicate the change being requested by selecting the appropriate option. All fields below are required unless noted as optional.

- Request a change in ownership of a stationary source
 Request a change in operational control of a stationary source

5. New Facility Name (to be listed on the permit):

6. Legal Company Name of New Owner or Operator:

7. Date that transfer of responsibility will be effective:

8. Facility Mailing Address

Mailing Address:

City:

State:

ZIP:

9. Facility Billing Address

Billing Address:

City:

State:

ZIP:

10. Permitting Contact

Name:

Title:

Phone Number:

Fax Number:

Email:

11. Billing Contact		
Name:		Title:
Phone Number:		Fax Number:
Email:		
12. Facility Manager		
Name:		Title:
Phone Number:		Fax Number:
Email:		
13. Responsible Official		
<p>If a Responsible Official as defined below isn't identified, the application will be returned. The RO identified must sign the application. Responsible Official is defined as: (DBOH 030.010.A)</p> <p>(1) For a corporation:</p> <ul style="list-style-type: none"> i. A President; ii. A Vice President in charge of a principal business function; iii. A Corporate Secretary; or iv. A Treasurer <p>(2) For a partnership or sole proprietorship, a general partner or the proprietor, respectively.</p> <p>(3) For a municipality or a state, federal or other public agency, a ranking elected official or a principal executive officer, including, for a federal agency, a chief executive officer who has responsibility for the overall operations of a principal geographic unit of the agency.</p>		
Name:		Title:
Phone Number:		Fax Number:
Email:		
Mailing Address:		
City:	State:	ZIP:
14. Owner's Agent or Authorized Representative (Optional)		
<p>An authorized representative of the Responsible Official (RO) who is responsible for the overall operation of the facility and who is designated in writing by the RO and approved in advance by the Control Officer. By identifying an authorized representative, the RO consents that such representative shall be designated to act on behalf of the RO with full scope of responsibilities for the certification of all communications, letters, reports, notifications, invoices, permits, and applications.</p>		
Name:		Title:
Phone Number:		Fax Number:
Email:		
Mailing Address:		
City:	State:	ZIP:

15. Additional Contact (Optional)		
<input type="checkbox"/> Permitting Contact		
<input type="checkbox"/> Billing Contact		
<input type="checkbox"/> On-Site Contact		
<input type="checkbox"/> Other (specify):		
Name:		Title:
Phone Number:		Fax Number:
Email:		
16. Environmental Consultant (Optional)		
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.		
Name:		Title:
Phone Number:		Fax Number:
Email:		
Mailing Address:		
City:	State:	ZIP:

Certification of Data Accuracy

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 DBOH 030, and under penalty of perjury under NRS 199.145, to the best of my knowledge the information supplied in this document is true and correct.

Responsible Official Signature (**original wet-ink signature**)

Date

Print Name

Title

DETAILED APPLICATION INSTRUCTIONS

Existing Facility Information

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

New Owner / Company Information

4. Indicate the change being requested by selecting the appropriate option.
5. Specify the new facility name as you'd like it to appear on the permit.
6. Provide the legal company name of the new owner or operator, as registered with the State of Nevada.
7. Provide the date that transfer of responsibility will be effective (MM/DD/YYYY).
8. Provide the mailing address for the facility.
9. Provide the billing address for the facility.
10. Provide the name, title, phone and fax numbers, and email address for the permitting contact.
11. Provide the name, title, phone and fax numbers, and email address for the billing contact.
12. Provide the name, title, phone and fax numbers, and email address for the facility manager
13. Provide the name, title, phone and fax numbers, email address, and mailing address for the Responsible Official. Responsible Official is defined as:
 - (1) For a corporation:
 - i. A President;
 - ii. A Vice President in charge of a principal business function;
 - iii. A Corporate Secretary; or
 - iv. A Treasurer.
 - (2) For a partnership or sole proprietorship, a general partner or the proprietor, respectively.
 - (3) For a municipality or a state, federal or other public agency, a ranking elected official or a principal executive officer, including, for a federal agency, a chief executive officer who has responsibility for the overall operations of a principal geographic unit of the agency.
14. OPTIONAL. Provide the name, title, phone and fax numbers, and email address for the owner's agent or authorized representative. Defined as the owner's agent or authorized representative of the Responsible Official (RO) who is responsible for the overall

operation of a facility and who is designated in writing by the RO and approved in advance by the Control Officer. By identifying an authorized representative, the RO consents that such representative shall be designated to act on behalf of the RO with full scope of responsibilities for the certification of all communications, letters, reports, notifications, invoices, permits, and applications.

15. OPTIONAL. Identify an additional contact by selecting the appropriate option. Provide the name, title, phone and fax numbers, and email address for the additional contact.
16. OPTIONAL. Provide the name, title, phone and fax numbers, email address, and mailing address for the environmental consultant.

Certification of Data Accuracy

The application must have an **original wet-ink signature** by the Responsible Official and therefore **cannot be transmitted electronically**.