

Transfer of Owner/Operator of Permitted Equipment Application Form -01T

Santa Barbara County Air Pollution Control District 260 N. San Antonio Road, Suite A Santa Barbara, CA 93110-1315

G ADGD D AND A	This form is to be completed
Current APCD Permit Number:	by the new owner/operator
P. 0 (0)	
Prior Owner/Operator:	
Facility Address/Location: (e.g. Fairview Ave., 55 N)	
Old Company Name:	
A. New Equipment O	B. New Equipment Operator
Company:	Company:
Name:	Name:
Title:	Title:
Address:	Address:
City:	City:
State, Zip	State, Zip
Phone:	Phone:
Cell:	Cell:
Email:	Email:
C. Correspondence Co	D. Billing Contact
Same as A Sam	Same as A Same as B Same as C
Company:	Company:
Name:	Name:
Title:	Title:
Address:	Address:
City:	City:
State, Zip	State, Zip
Phone:	Phone:
Cell:	Cell:
	Email:

Please complete the following:

a.	Is the article, machine, equipment, or contrivance subject to the permit in compliance with all applicable orders, rules and regulations of the APCD, Air Resources Board and the Environmental Protection Agency?										
	O Yes		○ No								
b.	Is a written agreement or other written proof of transfer of ownership, which specifies the date of ownership transfer enclosed? (not required for changes in operator only). Note: The transfer will not be processed without this documentation.										
	○ Yes		○ No								
c.			ciated with th								
	O Yes		○ No								
d.	On what o	n what date did the change of ownership or operator officially occur?									
e.	Is the app	olication	filing fee of §	565 enclose	d?* (applic	catio	on will not be acce	epted without a	filing fee)		
	○ Yes		○ No		\ 11				C ,		
Comple	eted by:						Title:				
Date:							Phone:				
Signatu	re:										

* Please note that the application filing fee is COLA adjusted every July 1st. Please ensure you are remitting the current fee. Payment may be made by credit card (see Form -01C on the APCD's webpage at www.ourair.org/permit-applications)