



CHANGE OF OWNERSHIP FORM

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|--|---|--------------------------------------|--------------------------|
| 1. REASON FOR TRANSFER | | | |
| <input type="checkbox"/> Sale | <input type="checkbox"/> Other (explain): | Effective Date: | |
| 2. DESCRIPTION OF SOURCE / FACILITY | | | |
| Type of Source: | | | |
| Owner/Operator's designation of source: | | | |
| 3. OWNER/OPERATOR STATUS | | | |
| Does the firm which owns the source also operates it? (i.e., do the owner & operator have different Employer ID number?): | | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | Owner | Operator | Both |
| This change is for: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. NEW OWNER/OPERATOR | | | |
| Firm Name: | | Employer ID Number : (IRS Number) | |
| Contact Person: | | Title: | |
| Mailing Address: | | Telephone Number: | |
| 5. PREVIOUS OWNER/OPERATOR | | | |
| Firm Name: | | Employer ID Number : (IRS Number) | |
| Mailing Address: | | | |

Certification

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|--|--------|
| <p>I _____, being duly sworn according to law depose and state, under penalty of law as provided in 18 Pa. C.S. §4904 and Section 9(b)(2) of the Air Pollution Control Act, 35 P.S. §4009(b)(2), that I am the representative of the Permittee identified above, authorized to make this certification. I further state that information provided in the Change of Ownership form is true and correct based on information and belief formed after reasonable inquiry. I understand that all conditions of the previous owner's plan approval or operating permit will not change and are transferable to the new plan approval or operating permit.</p> | |
| Name: | Title: |
| Signed: | Date: |