



TRANSFER OF OWNERSHIP FORM

Transfer of currently permitted devices from one facility to another facility

All fields are required unless otherwise noted. Please type or print.

Mail to:
BAAQMD
Engineering Division
939 Ellis Street,
San Francisco, CA 94109

(415) 749-4990

- If transferring to a new facility (not currently permitted by BAAQMD) a **Facility Creation Form** and a **Facility Contacts Form** must also be submitted with this form.

1. Reason for submitting this form

Select one:

- I am the current owner/operator of the permit(s) and will be transferring permits to another facility.
- I am not the current owner/operator of the permit(s) and I will identify permits to be transferred to another facility.

2. Identification of Facility Currently Holding Permits to be Transferred to Facility Identified in Part 3

Facility Name	BAAQMD Facility ID

3. Identification of Facility to Receive Transferred Permits Currently Being Held by the Facility Identified in Part 2

Facility Name	BAAQMD Facility ID (Existing facilities only)

- If new facility, complete address information below. Information must match **Facility Creation Form**.

Street Address or Intersection or Nearest Street		
Address Line 2 (Optional)		
City	State	Zip Code
	CA	

4. Transferring Device Identification

Identify the type of transfer: (Select one)

- This is a full transfer of all devices
- This is a partial transfer

If this is a partial transfer, enter all devices requesting to be transferred. All devices start with S, A or P.

BAAQMD Device ID	BAAQMD Device ID	BAAQMD Device ID	BAAQMD Device ID	BAAQMD Device ID

5. Effective Date

Provide the effective date of the transfer (DD/MM/YYYY)

6. Payment – Submit payment with your forms.

- **Transfer of Ownership fee \$100** From BAAQMD Regulation 3, Section 307

Pay by credit card or check. Please make your checks payable to "BAAQMD". For credit card payments, fill out and submit a "Credit Card Payment Form" which is available on the BAAQMD website.

7. Certification/Signature of person responsible for the information on this form.

I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.

Name	Title	
Signature	Date	Phone # (xxx-xxx-xxxx)



Instructions: Transfer of Ownership Form

Introduction	Use the following instructions to help guide you through the <i>Transfer of Ownership form</i> .
Who should use this form?	This form is transfer devices/operations that are currently permitted by BAAQMD from one facility to another. The permits can be the Permit to Operate and any Authority to Construct permits. The transfer can be applied to all devices/operations or a partial set of devices/operations.
Reason for submitting this form	If you are not the current holder of the BAAQMD permit, BAAQMD will attempt to contact the current holder of the permit for verification.
Identification of Facility Currently Holding Permits	Facility Name – Enter the name as it appears on the BAAQMD permit or invoice. BAAQMD Facility ID - The facility ID is available on the permit or invoice issued by BAAQMD.
Identification of Facility to Receive Transferred Permits	The permits are either transferred to another facility that is currently permitted by BAAQMD or a new facility. For the former, the BAAQMD facility ID is available on the permit or invoice issued by BAAQMD. For a new facility, enter the new information AND submit a Facility Creation Form AND a Facility Contacts Form.
Transferring Device Identification	For a <u>full transfer</u> , you are requesting that all devices be transferred. For a <u>partial transfer</u> , enter the devices that you are requesting be transferred. Refer to the current BAAQMD permit. All devices start with an S, A or P. If you need more space, attach another form or a separate sheet of paper with the same information.
Effective Date	Enter a date when this transfer is to be effective. On that date, the new owner/operator is responsible for the permits and operation of the devices identified on the form.
Fees	Payment of the Transfer fee must be submitted with this form. The fee is \$100. The fee is located in BAAQMD Regulation 3, Section 307.
Still need help?	Call the Engineering Division at (415) 749-4990.



FACILITY CONTACTS FORM

For new information on and updates to facility contacts

All fields are required unless otherwise noted. Please type or print.

Mail to:
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Engineering Division
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San Francisco, CA 94109

Tel: (415) 749-4990

1. Purpose of submitting this form

This form is being submitted to: (Select one)

Provide information on facility contacts for a new facility. (Complete all sections)

Update information on current facility contacts (Complete Parts 1, 2, 6 and applicable contact sections)

2. Facility Identification

Facility Name	BAAQMD Facility ID (except new facilities)

3. Owner Contact

First Name		Last Name	
Business Name of Contact (If different from facility)		Contact Title	
Address Line 1		Address Line 2 (Optional)	
City		State	Zip Code
E-mail Address			
Primary Phone (xxx-xxx-xxxx)	Alternate Phone (optional)	Fax Number (Optional)	

4. Operator Contact – Select existing contact or fill out information below.

Same as Owner Contact

First Name		Last Name	
Business Name of Contact (If different from facility)		Contact Title	
Address Line 1		Address Line 2 (Optional)	
City		State	Zip Code
E-mail Address			
Primary Phone (xxx-xxx-xxxx)	Alternate Phone (optional)	Fax Number (Optional)	



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5. Billing Contact - Select existing contact or fill out information below.

Same as Owner Contact

Same as Operator Contact

First Name		Last Name	
Business Name of Contact (If different from facility)		Contact Title	
Address Line 1		Address Line 2 (Optional)	
City	State	Zip Code	
E-mail Address			
Primary Phone (xxx-xxx-xxxx)	Alternate Phone (optional)	Fax Number (Optional)	

6. Certification/Signature of person responsible for the information on this form.

I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.

Name	Title	
Signature	Date	Phone (xxx-xxx-xxxx)



Instructions: Facility Contacts Form

Introduction Use the following instructions to help guide you through the *Facility Contacts form*.

Bay Area Air Quality Management District's new computer system requires all facilities have three contacts; owner contact, operator contact and billing contact. If you are an existing facility, until your contacts are updated, your current site contact will be used as all three contacts.

Who should use this form? This form is for:

- New facilities that have no contacts associated with their facility. A **Facility Creation & Update form** must also be submitted.
- Existing facilities that need to update information on contacts already associated with the facility.

Facility Identification **Facility Name** – Enter the name as it appears on the BAAQMD permit or invoice.
BAAQMD Facility ID - The facility ID is available on the permit or invoice issued by BAAQMD.

Contact Types **Owner Contact** – The individual representing the owner. The owner is the individual, partnership, limited liability company, corporation, or other entity that owns or controls the permitted equipment and is responsible for the permit to operate.
Operator Contact – The individual responsible for day to day operations and/or air quality issues at the facility.
Billing Contact – The individual responsible for paying invoices (accounts receivable). This individual is the default contact to receive all invoices from BAAQMD.

E-Mail Address BAAQMD is working on a system with online features and increased communication through e-mail. Please provide e-mail address(es), so that we can inform you when the system is available.

Still need help? Call the Engineering Division at (415) 749-4990.
