



Note: A Change Of Operator Permit can only be issued if **BOTH** of the following conditions apply: ① The existing permit is still **active** or can be **reinstated** to an active status; AND ② The equipment is operated at the same location as listed in the existing permit.

Section A: Previous Operator's Information	
1. Business Name of Operator <u>As It Appears</u> on the Permit:	2. Current AQMD Facility ID#. (Available on Permit or Invoice issued by AQMD):
Section B: New Operator's Information	
3. Business Name of Operator <u>As It Should Appear</u> on the Permit:	
4. Owner's Business Name (If different from Business Name of Operator):	
Section C: Equipment Location Address	Section D: Permit Mailing Address
5. Equipment Site Location Address: (For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site)	6. Permit and Correspondence Information: Check here if same as equipment location address
Street Address	Street Address
City	City
State: CA	State
Zip Code	Zip Code
County: Los Angeles Orange San Bernardino Riverside	
Contact Name:	Contact Name:
Contact Title:	Contact Title:
Phone:	Phone:
Fax:	Fax:
E-Mail:	E-Mail:
Section E: Facility Business Information	
7. What business is conducted at this equipment site location?	8. What is your primary NAICS Code (North American Industrial Classification System)?
9. Are you a small business as per AQMD's Rule 102 definition (10 employees or less and total gross receipts are \$500,000 or less or a not-for-profit training center)?	
No Yes	
Section F - Information on Permit to be Transferred to New Operator	
10. Is this Change of Operator a full or partial transfer of all active permits? Full Partial	
FOR NON-RECLAIM APPLICATION	FOR RECLAIM APPLICATION RECLAIM Application No:
11. Application number:	13. For RECLAIM Facilities: Also submit Form 2007-1, Form 2007-2 and if applicable, Form 2007-3, together with a separate filing fee for the transfer of RTC's as per Rule 301(0)(9). Device number or range of device numbers for the permitted item: <i>Please be advised that you are applying to take over the operation of all or part of a RECLAIM facility and if any previous Facility Permit holder is found to have violated AQMD Rule 2004(d) - Prohibition of Emissions in Excess of Annual Allocation, during time periods prior to this change of operator, your facility Allocation will be reduced by the amount of excess emissions, as provided under Rule 2010(b)(1).</i>
12. Permit Number: (Please attach a copy)	
Section G - Signature and Authorization for Change of Operator	
I HEREBY AGREE TO TRANSFER OWNERSHIP OF THE PERMITTED EQUIPMENT AS SPECIFIED ABOVE, FOR THIS FACILITY, TO THE NEW LEGAL OPERATOR, IDENTIFIED IN SECTION B.	
Previous Operator	14. Signature of Responsible Official: _____
	15. Title of Signer: _____
	16. Date: _____
	17. Phone: _____
New Operator	18. Signature of Responsible Official: _____
	19. Title of Signer: _____
	20. Date: _____
	21. Phone: _____
Checklist Form signed? Payment attached? Copy of existing permit attached?	

AQMD USE ONLY	APPLICATION/TRACKING #	TYPE B C D	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: \$	VALIDATION
ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT \$ Tracking #