



**PERMIT TRANSFER APPLICATION**

Form must be submitted by email to [AQPermits@maricopa.gov](mailto:AQPermits@maricopa.gov). Only use this form if you are transferring ownership of your current air quality permit. Please note that any applicable fees must be paid in full before the Maricopa County Air Quality Department can approve this application.

**Current Permit Holder (Transferor)**

Facility Name

Facility ID  / Permit Number

Address

City  State  Zip Code

Phone Number  Email

I certify that the information provided in this application is true, correct, and complete to the best of my knowledge. I acknowledge that all fees, due and past due, must be paid in full before MCAQD will approve the permit transfer.

I intend to transfer the responsibility, coverage, and liability of this permit to the new permit holder on this date

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**New Permit Holder (Transferee):** Legal name or other entity currently registered and in good standing with the [Arizona Corporation Commission](#) (ACC). Do not include trade names or names "doing business as" (DBA).

Company Name  ACC Entity ID

Association     Government Entity     Individual

Corporation     Partnership     Limited Liability Company

Address

City  State  Zip Code

Phone Number  Email

New Facility Name (if different than above) trade names and/or DBA's accepted

**Equipment**

The equipment to be transferred is identical to the equipment listed under the current permit. - **OR** -

The equipment list has changed. Provide a complete description of the new/changed equipment (attach additional list if necessary).

Equipment	Make & Model	Quantity	Comments



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**New Facility Contacts:** A billing contact is required. Please include any additional contacts below. You may select more than one contact type per update box. If you have additional contacts, please include them in a separate document.

Billing Contact    On-Site Operator Contact    Permitting Contact    Compliance Contact    Responsible Official Contact

Name

Address

City  State  Zip Code

Phone Number  Email

On-Site Operator Contact    Permitting Contact    Compliance Contact    Responsible Official Contact

Name

Address

City  State  Zip Code

Phone Number  Email

On-Site Operator Contact    Permitting Contact    Compliance Contact    Responsible Official Contact

Name

Address

City  State  Zip Code

Phone Number  Email

**Certification by the New Permit Holder (Transferee):**

I certify that the information provided in this application and accompanying documents is true, correct, and complete to the best of my knowledge. I certify that the new permittee is financially capable of operating the source in compliance with the law. I acknowledge that all fees, due and past due, must be paid in full before MCAQD will approve the permit transfer.

I intend to accept the responsibility, coverage, and liability of this permit as the new permit holder on this date

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_