



Instructions: Transfer of Ownership Form

Introduction

Use the following instructions to help guide you through the **Transfer of Ownership Form**. Complete the **Contacts Form** for new facilities or updating contacts at an existing facility.

Who should use this form?

This form is to transfer devices/operations that are currently permitted by BAAQMD from one owning entity to another but at the same location. To qualify, the devices/operations must remain at the current facility location. Permits to Operate, Registrations, and any Authority to Construct are transferable. The transfer can be applied to all devices/operations or a partial set of devices/operations.

Identification of Facility Currently Holding Permits

Facility Name – Enter the name as it appears on the BAAQMD permit or invoice.

BAAQMD Facility ID/Plant number - The facility ID/plant number is available on the permit or invoice issued by BAAQMD, in the upper right of these documents.

Identification of Facility to Receive Transferred Permits

Please provide all information for the new owner in Part 3 and the new facility contacts on the Facility Contacts form attached. If an existing facility that is currently permitted with BAAQMD is expanding and assuming ownership of another facility, then please check the box and identify the facility ID number in Part 3. The facility ID number is available on the permit or invoice issued by BAAQMD.

Transferring Device Identification

For a **Full Transfer**, you are requesting that all devices be transferred.

For a **Partial Transfer**, enter the devices that you are requesting be transferred. Refer to the current BAAQMD permit. All devices start with an S or A. 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 or the close of escrow. On that date, the new owner/operator is responsible for the permits and operation of the devices identified on the form.

Fees

The Air District will send an invoice for this transaction after the form is submitted.

- The transfer of ownership is not complete until the fees are paid.
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Where to send the form

By email: permits@baaqmd.gov.

By mail: BAAQMD
Engineering Division
375 Beale Street, Suite 600
San Francisco CA 94105

Still need help?

Contact the Engineering Division at permits@baaqmd.gov (preferred) or (415) 749-4990.



TRANSFER OF OWNERSHIP

Transfer of currently permitted devices from one owning entity to another owning entity

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

Mail to:
BAAQMD
Engineering Division
375 Beale St., Suite 600
San Francisco, CA 94105

Email: permits@baaqmd.gov

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

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

Facility Name	BAAQMD Facility ID/Plant number

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

- Check if the facility identified in Part 2 is merging with an adjacent or contiguous facility that has a permit with BAAQMD and enter the Facility ID or Plant number below.

Facility Name	BAAQMD Facility ID/Plant number (existing facility)

➤ Provide the facility location address information below.

Street Address or Intersection or Nearest Street		
City	State	Zip Code
	CA	
Name of Owning Entity (entity that owns the Facility)		NAICS Code (6 Digits) www.census.gov

Type of Business (Select one)

- Corporation
- Partnership
- Sole Proprietorship
- Federal Government
- State Government
- Local Government

4. Transferring Device Identification

Identify the type of transfer: (Select one)

- This is a full transfer of all devices
- This is a partial transfer of only some devices at the facility

If this is a partial transfer, enter all devices requesting to be transferred. All devices start with S (Source) or A (Abatement Device).

Type (S or A)	BAAQMD Device ID	Type (S or A)	BAAQMD Device ID	Type (S or A)	BAAQMD Device ID

5. Effective Date

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

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	
Company I (signatory) represent		
Signature	Date	Phone # (xxx-xxx-xxxx)



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:
BAAQMD
Engineering Division
375 Beale St., Suite 600
San Francisco, CA 94105

Email: permits@baaqmd.gov

1. Purpose of submitting this form

This form is being submitted to update facility contacts after a transfer of ownership.

2. New 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)

3. New 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)



FACILITY CONTACTS FORM

For new information on and updates to facility contacts

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Engineering Division
375 Beale St., Suite 600
San Francisco, CA 94105

Email: permits@baaqmd.gov

4. New 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)

5. 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)

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.