



## Facility Information Update Form

### When Do I Use This Form?

Use this form to do any of the actions listed in the table below (check the actions that apply).

*Note: Whether you change business name, transfer ownership, or update facility information, the **permitted equipment must continue to be operated at the same location.***

√	You can...	Important Notes
<input type="checkbox"/>	Update business name	<b>Business Name</b> is the name used to conduct business. It may be the name of an individual, partnership, company, corporation, other entity, or it may be a fictitious name as filed with the county clerk.
<input type="checkbox"/>	Update dealer's name (for gas stations only)	<b>Dealer of a gas station</b> is the individual, partnership, limited liability company, corporation, or other entity that pays the day-to-day costs of running the station. However, they may not be contractually responsible for maintaining the permit to operate.
<input type="checkbox"/>	Transfer ownership	<b>Transfer of Ownership</b> is a transfer of all permitted sources ( <b>full transfer</b> ) or just some of the permitted sources ( <b>partial transfer</b> ) at the current location to a new owner.  <b>Owner</b> 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. If no fictitious name is used, the owner can be the same name as the business name above.
<input type="checkbox"/>	Update facility contact information	<ul style="list-style-type: none"> <li>All correspondence from the BAAQMD (Data Update Forms, Reminder Letters, Renewal Invoices and copies of renewed Permits to Operate) will be directed to this address.</li> <li>For gas stations, the term "facility contact information" = the term "billing contact information."</li> <li>Note that original Permits to Operate will always be sent to either the facility's physical address or the alternative mailing address.</li> </ul>
<input type="checkbox"/>	Update alternative mailing address (not for gas stations)	<b>Alternative mailing address:</b> <ul style="list-style-type: none"> <li>Cannot be used by gas stations</li> <li>Should only be provided if the mail can not be delivered to the site's physical address, and</li> <li>Will be used to mail renewed Permits to Operate if mail can not be received at the physical location of the facility.</li> </ul>
<input type="checkbox"/>	Close facility	<b>Closing facility</b> means you are ceasing permanently all your operations or dismantling all of your sources and are requesting cancellation of all your Permits to Operate.

### How Do I Complete This Form?

**Step 1)** Provide the following information:

Action	Required Information
Provide current District ID number for the facility (plant #, site #, or G # as it appears on the Permit to Operate or invoice) and circle the type of ID you provide.	Plant# / Site # / G# (gas stations): _____
Provide current business name (as it appears on the Permit to Operate or invoice).	Current Business Name: _____
Provide physical address of your facility or permitted equipment.	Street # & Name: _____ City: _____ State: _____ Zip: _____ Phone: ( ) - _____
Provide your name, title and the date when you complete this form.	First and Last Name: _____ Title: _____ Date: _____

**Step 2)** Find sections below that are applicable to you and follow the instructions within these sections.

**Step 3)** Mail this form to: BAAQMD, 939 Ellis Street, San Francisco, CA 94109, ATTN: Permit Systems Section.

### Changing Business Name

If you need to change/correct your business name as it appears on your permit, perform the action in the table below.

Action	Required Information
Provide new business name as it should appear on the Permit to Operate. (Gas Stations should include name on the sign or "brand" of the station if applicable.)	New Business Name: _____



**Updating Dealer's Name**

If you need to change/correct the dealer's name, perform the action in the table below.

Action	Required Information
If different from owner, provide the name of the new dealer at the gas station.	New Dealer's Name: _____

**Transferring Ownership**

If you need to update ownership records, follow the steps in the table below.

Step	Action	Required Information
1	Provide name of new owner (individual, company or corporation) and, if the new owner is an individual, provide his/her title.	New Owner's Name: _____ Title (if applicable): _____
2	Provide name of previous owner (individual, company or corporation) and, if the previous owner is an individual, provide his/her title.	Previous Owner's Name: _____ Title (if applicable): _____
3	Indicate whether the transfer of ownership is <i>full</i> (all the permitted sources are transferred to the new owner) or <i>partial</i> (only some permitted sources are transferred to the new owner).  If the transfer is <i>partial</i> , list all of the transferred sources and abatement devices or attach this list.  <i>Note: The BAAQMD will review your request for partial transfers and may require additional explanation.</i>	<input type="checkbox"/> Full Transfer <input type="checkbox"/> Partial Transfer Transferred Sources/Abatement Devices (for partial transfers): _____ _____ _____
4	Provide the effective date of the transfer.	Effective Transfer Date: _____

**Updating Facility Contact Information**

If you need to update the facility contact information (also known as billing contact information for gas stations), follow the steps in the table below.

Step	Action	Required Information
1	If applicable, provide name of new contact and the title of that person's position.	New Contact Name: _____ Title (if applicable): _____
2	If applicable, provide new contact information for the plant contact.	Street # & Name: _____ City: _____ State: _____ Zip: _____ Phone: ( ) - _____

**Updating Alternative Mailing Address**

If you need to update facility mailing address (and your facility is NOT a gas station), perform the action in the table.

Action	Required Information
Provide new mailing address for your facility.	Street # & Name: _____ City: _____ State: _____ Zip: _____

**Closing Facility**

If you are closing **all** of your sources, follow the steps in the table below.

Step	Action	Required Information
1	Indicate whether all of your permitted sources are ceased or dismantled.	<input type="checkbox"/> All permitted sources have ceased operation only. <input type="checkbox"/> All permitted sources have been dismantled and require rebuild to operate.
2	Provide the end date of operation or date of dismantlement.	Closing Date: _____