

Instructions: Transfer of Ownership Form

Introduction

Use the following instructions to help guide you through the **Transfer of Ownership Form**. A **Facility Contacts Form** must also be submitted with this form for new facilities or to update existing facility contacts.

Who should use this form?

Use this form to transfer devices or operations currently permitted by the Air District from one owning entity to another at the same or adjacent facility locations. To qualify, the devices or operations must remain at their current location. Permits to Operate, Registrations, and any Authorities to Construct are transferable. The transfer can be applied to all permitted devices or operations (full transfer) or only some (partial transfer).

Current Facility Information

This reflects what is currently displayed in the Air District's system for the facility or device that will be transferred. Enter the facility name and Air District Facility ID as they appear on the permit or an invoice.

Provide the information that will appear on the Permit to Operate for the facility or device after the transfer is complete. If an existing facility that is currently permitted with the Air District is expanding and assuming ownership of another facility, please check the box and identify the facility ID number in section 2.

New Facility Information

For full Transfers of Ownership, the Owning Entity Name and Type fields are required.

- **Owning Entity** – 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.
- **Partnership** – An association of two or more persons to carry on as co-owners.
- **Sole Proprietorship** – Owned and operated by one individual and in which there is no legal distinction between the owner and the business.

Partial Transfers of Ownership

Partial Transfers of Ownership may apply in the following situations:

- 1) A facility (new or existing) is taking over the operation of some, but not all, permitted devices from an adjacent facility with an Air District permit (the devices must remain at their current location); OR
- 2) A single owning entity needs to consolidate separate permits for adjacent permitted devices into one permit

For either case:

- Enter the facility name and ID number for the facility currently holding the device permits in Section 1
- Enter the facility name and ID number (if existing) for the receiving facility in Section 2
- List the device ID numbers and names to be transferred under section 3 (these can be found on the current permit)

Effective Date of Transfer

Enter the date when operation of the facility or devices was transferred over to the new owner (i.e. the date of sale). This is not referring to the day the permit is transferred within the Air District system, although the dates may sometimes be the same.

Fees

The Air District will send an invoice for this transaction after the form is submitted, which can be paid online or by check. Do not submit payment with the form. The Transfer of Ownership is not complete until fees are paid.

Submission Information

This information can be submitted by e-mail or by mail:

- E-mail: dataupdate@baaqmd.gov
- Mail: Bay Area Air District, Engineering Division, 375 Beale Street, Suite 600, San Francisco, CA 94105

Still need help?

Contact the Engineering Division: (415) 749-4990 | permits@baaqmd.gov

TRANSFER OF OWNERSHIP FORM



Transfer of currently permitted devices from one owning entity to another owning entity.
All fields are required unless otherwise noted. Please type or print.

➤ A **Facility Contacts Form** must also be submitted with this form for new facilities or to update existing facility contacts.

1. Current Facility Information – This is what is currently displayed on the Permit to Operate

| | |
|---------------|-------------------------------------|
| Facility Name | Air District Facility ID (Required) |
| | |

2. New Facility Information – This is what will be displayed on the Permit to Operate after transfer

- Check box if the facility identified in section 1 is merging with an adjacent/contiguous facility with an existing Air District permit and enter the Facility ID below.

| | |
|--|--|
| Facility Name | Air District Facility ID (Existing facility) |
| | |
| Facility Street Address (Address, City, State, Zip Code) or Intersection or Nearest Street | |
| | |

➤ Owing Entity Name and Type are **REQUIRED** for full Transfers of Ownership.

| |
|----------------------|
| Name of Owing Entity |
| |

Owing Entity Type:

- Corporation Local Government Sole Proprietorship
 Federal Government Partnership State Government

3. Transferring Device Information

Identify the type of transfer:

- Full transfer of **ALL DEVICES** (move to section 4) Partial transfer of **SOME DEVICES** (fill out table below)

For partial transfers, list devices to be transferred (Device IDs can be found to the left of the device on the permit, e.g. S10, A10).

| Device ID | Device Name | Device ID | Device Name |
|-----------|-------------|-----------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

4. Effective Date of Transfer

- The date of transfer refers to the date the facility or devices were transferred to new ownership (i.e. the date of sale), not the day the Air District permit is transferred.

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

5. Submitter Information

Please identify who is submitting this form:

- Owner/representative of facility identified in section 1 Owner/representative of facility identified in section 2

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

I hereby certify that I am authorized to complete this form 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**. All information requested is required unless otherwise noted. Please type or print.

Who should use this form?

This form is for:

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

Facility Information

- **Air District Facility ID** – The facility ID number is available on any permit or invoice issued by the Air District. This can be found in the upper right of the permit or the invoice.
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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. Permits will be mailed to this contact.
 - **Operator Contact** – The individual responsible for the day-to-day operations and/or air quality issues at the facility. Annual emissions update forms (if required) will be mailed to this contact.
 - **Billing Contact** – The individual responsible for paying invoices. Invoices will be mailed to this contact.
-

In order to receive e-mail notifications about a facility, you must:

1. Create an Air District online account at <https://myaironline.baaqmd.gov/account/login>,
2. Link the facility to the online account using an access code, and
3. Have the same online account e-mail saved to one or more of the facility contacts.

E-mail Notifications

The type of notifications you will receive will depend on the facility contact:

- **Owner Contact** – notifications about issued permits
- **Operator Contact** – notifications about annual emissions data updates
- **Billing Contact** – notifications about renewal invoices

Contact PermitHelp@baaqmd.gov for access codes to link facilities to your online account. Access codes can only be provided to facility contacts, so submit this form with your request if you are not a contact already.

Submission Information

This information can be updated through the facility overview page of a linked facility on your Customer Dashboard, or submitted by e-mail or by mail:

- Customer Dashboard: <https://myaironline.baaqmd.gov/account/login>
 - E-mail: permits@baaqmd.gov
 - Mail: Bay Area Air District, Engineering Division, 375 Beale Street, Suite 600, San Francisco, CA 94105
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Still need help?

Contact the Engineering Division: (415) 749-4990 | permits@baaqmd.gov

FACILITY CONTACTS FORM



1. Facility Information

New facility (complete all sections) Existing facility (complete sections 1, 5, and any applicable contact sections)

| | |
|---------------|---|
| Facility Name | Air District Facility ID (Existing facilities only) |
| | |

2. 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 |
| | | |
| Email Address | Primary Phone (xxx-xxx-xxxx) | Alternate Phone (Optional) |
| | | |

3. Operator Contact – Select previous 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 |
| | | |
| Email Address | Primary Phone (xxx-xxx-xxxx) | Alternate Phone (Optional) |
| | | |

4. Billing Contact – Select previous 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 |
| | | |
| Email Address | Primary Phone (xxx-xxx-xxxx) | Alternate Phone (Optional) |
| | | |

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

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

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