AIR POLLUTION CONTROL DISTRICT
COUNTY OF SAN LUIS OBISPO

3433 Roberto Court, San Luis Obispo, CA 93401 ❖ (805) 781-5912 ❖ FAX: (805) 781-1002

APPLICATION FOR STATUS CHANGE TO PERMITTED EQUIPMENT

(Change of Ownership or Name – Rule 302.I)

INSTRUCTIONS:

- Complete application – do not leave any line blank
- If application is for change of ownership, signatures of both the **previous owner** (to show concurrence) and **current owner** (or other designated responsible member of the organization) are required
- Return application to the Air Pollution Control District, with **$75.00** fee, if applicable

1. APPLICATION TYPE: ☐ *Change of Ownership (fee required)* ☐ *Change of Name Only*
2. PREVIOUS PERMIT NO. _____
3. FACILITY NAME *(for new permit)* _____
4. FACILITY LOCATION _____
   street address (no P.O. Box) *city* *state* *zip*

CONTACT INFORMATION:

5. OWNER *(or other responsible member of the organization)*

Contact Person		Work Phone:	
Company Name		FAX:	
Address		Cell Phone:	
City, State, Zip:		Email:	
Signature *(required)*		Date:	

6. FACILITY *(if different than owner information noted above)*

Contact Person		Work Phone:	
Company Name		FAX:	
Address		Cell Phone:	
City, State, Zip:		Email:	

7. BILLING *(if different than owner information noted above)*

Contact Person		Work Phone:	
Company Name		FAX:	
Address		Cell Phone:	
City, State, Zip:		Email:	

8. INSPECTION *(if different than owner information noted above)*

Contact Person		Work Phone:	
Company Name		FAX:	
Address		Cell Phone:	
City, State, Zip:		Email:	

9. PREVIOUS OWNER INFORMATION *(required)*

Name _____

Signature _____

(APCD USE ONLY)

Date Stamp	Application	Permit to Operate
	Number:	Number:
	Fee:	Date Issued:
	Check No.	Comments:
	Receipt No:	
	Previous App. No.	