**Intent to Transfer Ownership – Air Quality Bureau**

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| --- | --- |
| **Transferor** |  |
| Current Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Montana Air Quality Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| Will be Transferred to New Ownership on Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Current Company Owner/Responsible Official Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |  |  |
| Current Owner/Responsible Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| **Transferee** |  |  |  |
| New Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Company Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Company Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| New Company Owner/Responsible Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |  |  |
| New Company Owner/Responsible Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  |  |
| **By signing this Intent to Transfer Ownership, we request Montana Department of Environmental Quality to begin the process of transferring this MAQP from the transferor to the transferee.** **Return to:** **deq-armb-admin@mt.gov****DEQ/AQB, PO Box 200901, Helena MT 59620-0901****Fax: 406-444-1499** |