



Intent to Transfer Ownership – Air Quality Bureau

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: DEQAIR@mt.gov
DEQ/AQB, PO Box 200901, Helena MT 59620-0901
Fax: 406-444-1499