



**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: [deq-armb-admin@mt.gov](mailto:deq-armb-admin@mt.gov)  
DEQ/AQB, PO Box 200901, Helena MT 59620-0901  
Fax: 406-444-1499