

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 \_\_\_\_\_

Owner/Responsible Official Signature \_\_\_\_\_

Date \_\_\_\_\_

**Transferee**

New Company Name \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

Company Billing Address \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email Address \_\_\_\_\_

New Company Owner/Responsible Official \_\_\_\_\_

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.**