**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: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
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|  |  | | | | | | |
| **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** | | | | | | | |