Agency Use				
Permit No.:	Date Rec'd	Amount Rec'd	Check No.	Rec'd By

Montana Department of Environmental Quality

WATER PROTECTION BUREAU

FORM **PTN**

Permit Transfer Notification

Use this form to request a transfer of ownership or change the name (transfer) of the entity that holds a Montana Pollutant Discharge Elimination System (MPDES) permit, Ground Water Pollutant Control System (GWPCS) permit, or permit authorization under a general permit including storm water permits. This form must be submitted at least 30 days prior to the effective date of the proposed transfer and constitutes written notice to the Department under the Montana Water Quality Act that the new owner or operator assumes responsibility and liability for all the terms and conditions in the permit, including permit fees. The Department reserves the right to modify or revoke and reissue the permit and request a new permit application (ARM 17.30.1360(2)).

This form may not be used to transfer permit coverage to a new or different site, facility or location, or modify the terms and conditions of the discharge permit. Until a determination is made, the owner or operator of record remains responsible for compliance with the terms of the permit, including fees and/or violations. Please read the attached instructions before completing this form; do not leave blank spaces. Please type or print; forms that are not legible will be returned.

Section A - Effective Date:

Effective Date of Transfer: _____

Section B - Facility or Site Information:

Permit Number: MT __ __ __ __ __ __ __

Facility or Site Name _____

Physical Location _____

Nearest City or Town _____

Section C - Current Owner/Operator Information:

Owner/Operator Name _____

Mailing Address _____

City, State, and Zip Code _____

Phone Number _____ Email _____

Is the entity listed above the *(Check one)* ☐ Owner or ☐ Operator

Status of Owner/Operator *(Check one)* ☐ Federal ☐ State ☐ Private ☐ Public ☐ Other (specify) _____

Section D - New Owner/Operator Information:

Owner or Operator Name_____

Mailing Address _____

City, State, and Zip Code_____

Phone Number _____ Email _____

Is the entity listed above the *(Check one)* ☐ Owner or ☐ Operator

Status of Applicant *(Check one)* ☐ Federal ☐ State ☐ Private ☐ Public ☐ Other (specify)_____

Section E - New Facility Contact Person/Position:

Contact Person Name and Title, or Position Title _____

Mailing Address _____

City, State, and Zip Code_____

Phone Number _____ Email _____

Section F - Fees: $500

For current fee information, please see A.R.M. 17.30.201 Schedule 1.D: Permit Fee Summary.

Section G - Supplemental Information:

Section H - CERTIFICATION

Assignment of Transfer Agreement:

We, the undersigned, agree that upon the effective date given in Section A, that the owner or operator identified in Section D of this form assumes permit responsibility, coverage, and liability, including any applicable permit fee(s) for the subject permit.

Applicant Information: This form must be completed, signed, and certified as follows:

- For a corporation, by a principal officer of at least the level of vice president;
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

All Applicants Must Complete the Following Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information; including the possibility of fine and imprisonment for knowing violations. [75-5-633, MCA]

Current Owner/Operator

A. Name (Type or Print)	
B. Title (Type or Print)	**C. Phone No.**
D. Signature	**E. Date Signed**

New Owner/Operator

A. Name (Type or Print)	
B. Title (Type or Print)	**C. Phone No.**
D. Signature	**E. Date Signed**

The Department will not process this form until all of the requested information is supplied, the form is complete, and the appropriate fees are paid. Return this form (Form PTN), and the applicable fee to:

Department of Environmental Quality
Water Protection Bureau
PO Box 200901
Helena, MT 59620-0901
(406) 444-5546

INSTRUCTIONS FOR
Form PTN – Permit Transfer Notification

IMPORTANT: The Administrative Rules of Montana (ARM) 17.30.1362(1)(d) and 17.30.1117 provide for transfer of a permit or permit coverage provided that a written agreement containing a specific date of transfer of permit responsibility, coverage, and liability between the current and new permittees has been submitted to the Department. Forms are available from the Water Protection Bureau at (406) 444-3080 or on the DEQ website at: http://www.deq.mt.gov. This agreement must be signed and certified by both parties in accordance with ARM 17.30.1323.

*Do **not** leave blank spaces.* Please type or print; forms that are not legible will be returned. You must maintain a copy of the completed form for your records.

SPECIFIC ITEM INSTRUCTIONS

Section A – Effective Date:
Enter the date on which the transfer is effective.

Section B –Facility or Site Information:
The facility name means the building, structure (manufacturing, commercial or residential), process, source, or physical site, from which pollutants or wastes, including storm water are, or will be collected, generated, stored, treated (treatment works) or discharged (disposal system). The site name means the land or water area where any facility or activity is physically located or conducted, including other land used in connection with the facility or activity. This information must be identical to the information provided in the facility's permit application, authorization, or confirmation letter of receipt.

Section C – Current Owner or Operator Information:
Give the name as it is legally known of the person, business (partnership, corporation, or trust), state or political subdivision of the state, or other entity to whom the Department issued the current effective permit. The owner or operator is the legal entity that controls the operation of the facility described in Section B. This information must be identical to the information provided in the facility's application for permit, permit authorization or Notice of Intent (NOI).

Section D – New Owner or Operator Information:
Give the name as it is legally known of the person, business (partnership, corporation, or trust), state or political subdivision of the state, or other entity that will assume control of the facility described in Section B after the effective date of transfer. The permit or authorization will be transferred to the entity identified in this Section. This entity assumes responsibility for compliance with the terms and conditions in permit and any fees associated with the permit.

Section E – Facility Contact Person or Position:
Give the name, title, and work phone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this form, and who can be contacted by the Department for additional information. Those facilities with periodic changes in the contact person may provide the contact person's position instead of a person's name.

Section G – Supplemental Information:
Use the space provided to expand upon any information requested in the form or information you wish to bring to the attention of the reviewer. Attach additional sheets, if necessary.