



Form Submittal

To submit by email, download and complete this form electronically, save to your computer, and email the completed form as an attachment to AQPermits@maricopa.gov. Forms may also be submitted in person or mailed to Maricopa County Air Quality Department (MCAQD), 3800 N. Central Ave., Suite 1400, Phoenix, AZ 85012.

Only use this form if you are transferring ownership of your current air quality permit. Please note that any applicable fees must be paid in full before MCAQD can approve this application. If you are only changing the name of a business, please complete a [Contact Information Update Form](#) in lieu of the Permit Transfer Application.

Current Permit Holder (Transferor)

Facility Name

Facility ID / Permit Number

Address

City State Zip Code

Phone Number Email

I certify that the information provided in this application is true, correct, and complete to the best of my knowledge. I acknowledge that all fees, due and past due, must be paid in full before MCAQD will approve the permit transfer.

I intend to transfer the responsibility, coverage, and liability of this permit to the new permit holder on this date

Signature _____ Date Signed _____

New Permit Holder (Transferee):

Legal name or other entity currently registered and in good standing with the [Arizona Corporation Commission](#) (ACC). Do not include trade names or names "doing business as" (DBA).

Company Name ACC Entity ID

Association Government Entity Individual

Corporation Partnership Limited Liability Company

Address

City State Zip Code

Phone Number Email

New Facility Name (if different than above) trade names and/or DBA's accepted



PERMIT TRANSFER APPLICATION

New Facility Contacts: A billing contact is required. Please include any additional contacts below. You may select more than one contact type per update box. If you have additional contacts, please include them in a separate document.

Billing Contact On-Site Operator Contact Permitting Contact Compliance Contact Responsible Official Contact

Name

Address

City State Zip Code

Phone Number Email

On-Site Operator Contact Permitting Contact Compliance Contact Responsible Official Contact

Name

Address

City State Zip Code

Phone Number Email

On-Site Operator Contact Permitting Contact Compliance Contact Responsible Official Contact

Name

Address

City State Zip Code

Phone Number Email

Equipment

- The equipment to be transferred is identical to the equipment listed under the current permit. **- OR -**
- The equipment list has changed. Provide a complete description of the new/changed equipment (attach additional list if necessary).

Equipment	Make & Model	Quantity	Comments

Certification by the New Permit Holder (Transferee):

I certify that the information provided in this application and accompanying documents is true, correct, and complete to the best of my knowledge. I certify that the new permittee is financially capable of operating the source in compliance with the law. I acknowledge that all fees, due and past due, must be paid in full before MCAQD will approve the permit transfer.

I intend to accept the responsibility, coverage, and liability of this permit as the new permit holder on this date

Signature _____ Date Signed _____