



**APPLICATION PACKAGE FOR PERMIT TO OPERATE  
TRANSFER OF OWNERSHIP**

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Rule 10.B of the Air Pollution Control District (APCD) Rules requires that any person operating any facility that may emit air pollutants must apply for and obtain an APCD Permit to Operate. Failure to obtain the necessary permits may result in late fees (Rule 42.F) and/or civil penalties (California Health and Safety Code Section 42402).

If the legal ownership of a facility for which an APCD Permit to Operate has been issued changes, the new owner is required to submit an application for transfer of ownership.

To obtain a Permit to Operate, complete the appropriate forms described below. Submit all forms and other required information with a filing fee of \$225. ***Make all checks payable to the Ventura County APCD.***

Each application must contain, at a minimum, the following:

Permit Application Form (Form App003) - An application cover form that includes the name and address of the new owner of the facility.

Acknowledgment Letter From Former Owner - A letter from the former owner of the facility that confirms that the transfer of ownership has occurred. **See attached example letter.**

Permit Renewal - If the permit is due for renewal, you may be responsible for this fee. Prior to submittal of the application, you may contact the District to determine if the permit is due to expire. If you choose to be the responsible party for the renewal fee, you will be sent an invoice. This invoice will be sent once the District receives your Transfer of Ownership application.

Address Contacts - The following contact names and addresses need to be entered into the District's database:

Company Contact - The owner or corporate head of the organization

Facility Contact - The person that would meet with District enforcement staff

Once your permit is issued, please notify the District in writing anytime that these contacts change.

Applicants are required to be familiar with the APCD Rules. Should you have any questions or wish to obtain a copy of the rules or the emission calculation procedures used by the District, please call the Engineering Section at 805/645-1401 for assistance.

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**EXAMPLE ACKNOWLEDGMENT LETTER**

March 10, 2000

Mr. Kerby E. Zozula  
Supervisor Permit Engineering Section  
Ventura County APCD  
669 County Square Drive  
Ventura, CA 93003

Subject: Transfer of Ownership, Permit No. 0XXXX

Dear Mr. Zozula:

I am the former owner of Permit No. 0XXXX, Shamrock Auto Painting, located at 123 Industrial Avenue, Ventura. I recently sold this business to Mr. Joe Fixit of You Smashit We Fixit and I am no longer the legal, responsible owner of this facility. All future correspondence for this permit should be addressed to Mr. Fixit.

If you have any questions or wish to discuss this matter in further detail, please contact me at XXX/XXX-XXXX.

Sincerely,

Mr. Roy O. Compound

M:\Application Forms\Basic Forms\TTOO-Application Instructions.doc



**PERMIT APPLICATION FORM – TRANSFER OF OWNERSHIP**

*IMPORTANT: Include all of the following when submitting this application.*

- ✓ **Appropriate Fee**                      ✓ **Letter from former owner**                      ✓ **Signature on Application**

*This form is to be used **only** to apply to transfer ownership of a Permit to Operate for an existing facility where no changes to equipment, processes, or permit conditions are proposed. Please contact the District engineering staff for additional information. Failure to adhere to the instructions outlined by the District could result in the application being returned as incomplete. Knowingly submitting false information in this application is a misdemeanor punishable by a fine of up to \$25,000 (Rule 12.D and H&SC 42400.2(c)).*

APCD Permit to Operate Number	<b>0</b>
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*Please specify the legal name and address of the person, partnership, company, corporation or agency to be named on the permit. All permits and billings will be mailed to the first address below.*

Organization Type	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual Owner	<input type="checkbox"/> Government Agency
Organization Name				
Mailing Address				
City, State Zip				
Contact Person		Title		
Phone Number		FAX Number		

*Please specify the facility name, street address, and phone number where the equipment is.*

Facility Name				
Facility Address				
City, State Zip				
Contact Person		Title		
Phone Number		FAX Number		

I hereby certify that all information provided on this application is true and correct. I agree to pay any and all fees required by District rules for processing this application..	
Signature of responsible official, partner, or sole proprietor (not a consultant or contractor) Original Signature Required/No Photocopies	
Print Name	
Organization or Company Name	
Date	

<b>DISTRICT USE ONLY</b>		
Amount Paid: \$ _____	Date Received: _____	Receipt No.: _____