

ASSIGNMENT OF OWNERSHIP OR DESIGNATION OF NEW OPERATOR AFFIDAVIT OF SOURCE ACCEPTANCE

Stationary Source Name _____ **Permit or Approval Number** _____
Stationary Source Location _____
Effective Date _____
New Owner or Operator _____
Responsible Official _____
Contact Number _____
Previous Owner or Operator _____
Responsible Official _____
Contact Number _____

As designated above, the new owner/operator hereby accepts the assignment of the above referenced stationary source from the previous owner/operator. The obligation of all permit conditions or approvals to operate, including pending applications associated with the stationary source and financial responsibilities are accepted in the entirety by the new owner/operator, and the parties named below believe that the assignment will not result in an appreciable change in operation of the stationary source under the existing requirements.

For permitted sources, submit a fee for the transfer of ownership administrative amendment as set out by 18 AAC 50.400(i)(1) and (i)(2).

TO

Corporate Name of New Owner or Operator _____

Name, Title _____ Date _____

Address _____ City _____ State _____ Zip Code _____ Telephone Number _____

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete.

Signature _____ Title _____ Date _____

Subscribed and sworn before me this _____ Day of _____ Month and Year

At _____ City _____ State _____

Signature, _____

Notary Public in and for Alaska
My Commission Expires _____

FROM

Corporate Name of Previous Owner or Operator _____

Name, Title _____ Date _____

Address _____ City _____ State _____ Zip Code _____ Telephone Number _____

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete.

Signature _____ Title _____ Date _____

Subscribed and sworn before me this _____ Day of _____ Month and Year

At _____ City _____ State _____

Signature, _____

Notary Public in and for Alaska
My Commission Expires _____

Transfer Signed and Approved By _____ Date: _____

New Owner or Operator Identification Information

Stationary Source Name _____

Physical Address _____

Mailing Address _____

UTM Coordinates or _____

Latitude/Longitude _____

Owner _____

Mailing Address _____

Operator (*if different from owner*) _____

Mailing Address _____

Stationary Source Contact _____

Mailing Address _____

Telephone Number _____

Designated Agent _____

Mailing Address _____

Telephone Number _____

Responsible Official _____

Mailing Address _____

Telephone Number _____

Billing Contact _____

Mailing Address _____

Telephone Number _____

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete.

Printed Name: _____ Title: _____

Responsible Official Signature: _____ Date: _____