

# Southwest Clean Air Agency

11815 NE 99th Street, Suite 1294, Vancouver, WA 98682-2322

Voice: (360) 574-3058 Fax: (360) 576-0925

[www.swcleanair.org](http://www.swcleanair.org) 7:00 am to 5:30 pm M-F

## OWNERSHIP OR NAME CHANGE NOTIFICATION

(Please Print Legibly)

<b>Date of Ownership Change:</b>		<b>SWCAA Use Only</b>	
		Rec'd Date:	SWCAA ID:
<b>New Facility Name:</b>		<b>Previous Facility Name:</b>	
<b>New Owner Name:</b>		<b>Previous Owner Name:</b>	
<b>Facility Street Location:</b>		<b>Mailing Address:</b>	
<b>Phone No:</b> xxx-xxx-xxxx	<b>Fax No:</b>	<b>E-Mail:</b>	
<b>Nature of Business:</b>			

### Contact Information

<b>Inspection Contact</b>	
Name	Title
Address:	City, St, Zip:
Phone	Fax
Email	Mobile
Also use this contact for <input type="checkbox"/> Billing <input type="checkbox"/> Emission Inventory <input type="checkbox"/> Compliance <input type="checkbox"/> Permits	
<b>Parent Company Contact</b>	
Name	Title
Address:	City, St, Zip:
Phone	Fax
Email	
Also use this contact for <input type="checkbox"/> Billing <input type="checkbox"/> Emission Inventory <input type="checkbox"/> Compliance	
<b>Billing Contact</b>	
Name	Title
Address:	City, St, Zip:
Phone	Fax
Email	
Also use this contact for <input type="checkbox"/> Compliance	

<b>Emission Inventory Contact</b>	
Name	Title
Address:	City, St, Zip:
Phone	Fax
Email	
Also use this contact for <input type="checkbox"/> Permits	
<b>Testing Contact</b>	
Name	Title
Address:	City, St, Zip:
Phone	Fax
Email	
<b>Gasoline Contact</b>	
Name	Title
Address:	City, St, Zip:
Phone	Fax
Email	
<b>Compliance Contact</b>	
Name	Title
Address:	City, St, Zip:
Phone	Fax
Email	
<b>Permit Contact</b>	
Name	Title
Address:	City, St, Zip:
Phone	Fax
Email	
<b>Complaint Contact</b>	
Name	Title
Address:	City, St, Zip:
Phone	Fax
Email	

**Certification**

I, the undersigned, do hereby certify that the information contained in this notification is, to the best of my knowledge, accurate and complete. I also understand that in order to occupy and operate the equipment for this business through this administrative ownership/name change process, I must comply with all the conditions of existing Orders of Approval/Air Discharge Permits which are active for this facility and not modify the equipment or processes used by the previous owner without a permit modification.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Type or Print Name and Title

\_\_\_\_\_

Phone