



South Coast Air Quality Management District

Form 400-CO Application For Change Of Operator

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

Note 1: A Change Of Operator Permit can only be issued if ALL of the following conditions apply: → ① The existing permit is still **active** or can be **reinstated** to an active status; Tel: (909) 396-3385
② The equipment is operated at the same location as listed in the existing permit; AND www.aqmd.gov
Note 2: Submit one form for each application/permit. ③ All fees due by previous operator must be paid.

Section A - Previous Operator Information

1. Facility Name (Business Name of Operator As It Appears On The Permit): _____ 2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): _____

Section B - New Operator Information

3. Business Name of Operator As It Should Appear On The Permit: _____
4. Owner's Business Name (If different from Business Name of Operator): _____

**New AQMD Facility ID
(TO BE COMPLETED BY AQMD)**

Section C - Equipment Location Address

5. Fixed Location Various Location
(For equipment operated at various locations, provide address of initial site.)
Street Address _____
City _____, CA _____ Zip _____
Contact Name _____ Title _____
Phone # _____ Ext. _____ Fax # _____
E-Mail _____

Section D - Permit Mailing Address

6. Permit and Correspondence Information:
Check here if same as equipment location address
Address _____
City _____, State _____ Zip _____
Contact Name _____ Title _____
Phone # _____ Ext. _____ Fax # _____
E-Mail _____

Section E - Facility Business Information

7. What business is conducted at this location? _____ 8. What is your primary NAICS Code (North American Industrial Classification System)? _____
9. Are you a small business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less or a not-for-profit training center) No Yes

Section F - Application or Permit to be Transferred to New Operator

10. Is this Change of Operator a full or partial transfer of all active permits? Full Partial
11. Application Number: _____ 12. Permit Number: _____ (Please attach a copy)

For RECLAIM Facilities, ALSO Complete This Section (Also submit Form 2007-1, Form 2007-2 and if applicable, Form 2007-3, together with a separate filing fee for the transfer of RTC's as per Rule 301(0)(9):
Device number or range of device numbers for the permitted item: _____
Please be advised that you are applying to take over the operation of all or part of a RECLAIM facility and if any previous Facility Permit holder is found to have violated AQMD Rule 2004(d) - Prohibition of Emissions in Excess of Annual Allocation, during time periods prior to this change of operator, your facility Allocation will be reduced by the amount of excess emissions, as provided under Rule 2010(b)(1).

Section G - Signature and Authorization for Change of Operator

Previous Operator	I HEREBY AGREE TO TRANSFER OPERATOR OF THE PERMITTED EQUIPMENT AS SPECIFIED ABOVE, FOR THIS FACILITY, TO THE NEW LEGAL OPERATOR, IDENTIFIED IN SECTION B.		Checklist Form signed? Payment attached? Copy of existing permit attached? Form 400-CEQA attached?
	13. Signature of Responsible Official: _____	14. Date: _____	
New Operator	15. Title of Responsible Official: _____	16. Phone: _____	
	17. Signature of Responsible Official: _____	18. Date: _____	
	19. Title of Responsible Official: _____	20. Phone: _____	

AQMD USE ONLY	APPLICATION TRACKING #	CHECK#	AMOUNT RECEIVED \$	PAYMENT TRACKING #	VALIDATION				
DATE	APP REJ	DATE	APP REJ	CLASS I III	BASIC CONTROL	EQUIPMENT CATEGORY CODE	TEAM	ENGINEER	REASON/ACTION TAKEN