

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(h) (3) and (h)(7).

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 _____	Day of _____	
At _____		Month and Year _____		
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 _____	Day of _____	
At _____		Month and Year _____		
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: _____