NAME CHANGE AND/OR PERMIT TRANSFER FOR WASTEWATER DISCHARGE PERMIT

Alaska Department of Environmental Conservation
Division of Water

For department use only:
Date received: _____
DROPS entry: _____
Entered by: _____

A. ACTION TO BE PERFORMED

☑ Name change / Effective or Scheduled Date: 04/27/2020 ☐ Transfer of Permit / Schedule Date:

B. PREVIOUS INFORMATION

DEC Permit or Authorization No.:	AKG523077				
Previous Business Name:	Clipper Seafoods				
Facility Physical Address:	Street:	641 W Ewing St			
	City:	Seattle	State:	WA	Zip: 98119

C. NEW INFORMATION

New Business Name:	New Clipper Seafoods, LLC

Responsible Party

Mailing Address:	Street (PO Box):	641 W Ewing St				
	City:	Seattle	State:	WA	Zip:	98119
	Phone:	2062841162	Fax (optional):		Email:	chris@bluenorth.com

Facility Contact

Mailing Address:	Street (PO Box):	Same as above				
	City:		State:		Zip:	
	Phone:		Fax (optional):		Email:	

Billing Contact

Mailing Address:	Street (PO Box):	same as above				
	City:		State:		Zip:	
	Phone:		Fax (optional):		Email:	ap@clipperseafoods.com

Will the name change or transfer of ownership result in a change in the character of pollutants being discharged or a new or increased discharge not addressed by current permit conditions?	☑ No ☐ Yes (attach explanation)

D. SIGNATURE REQUIRED FOR NAME CHANGE

I hereby authorize the above referenced name change

Chris Shaffer	Operations Manager
Name of Responsible Party (Print)	Title
Signature of Responsible Party	4/27/2020
	Date

E. SIGNATURES REQUIRED FOR TRANSFER OF PERMIT

PREVIOUS OWNER: I hereby acknowledge the pending transfer of the above referenced permit.

Clipper Seafoods	Operations Manager
Name of Responsible Party (Print)	Title
Signature of Responsible Party	4/27/2020
	Date

NEW OWNER:

I certify under penalty of oath that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of this person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting the information, including the possibility of fine and imprisonment for knowing violations.

Chris Shaffer	Operations Manager
Name of Responsible Party (Print)	Title
Signature of Responsible Party	4/27/2020
	Date

Use this form to notify DEC of a name change or permit transfer for a wastewater discharge individual permit or authorization under a general permit. This includes domestic (all types) and industrial wastewater discharges.

A. ACTION TO BE PERFORMED

Check the appropriate box to indicate a name change and/or permit transfer.

To ***transfer a permit*** to a new owner, provide the date on which you want the transfer to occur. DEC regulations require notice to the Department ***before*** transferring a wastewater permit for a facility or activity. [18 AAC 15.100(b)(d), 18 AAC 83.410(c)]

B. PREVIOUS INFORMATION

Enter the previous business name, facility identification number, permit number, and the facility's physical address.

C. NEW INFORMATION

1. Enter the new business name. The name will appear on the permit and must be the active business name registered with the Alaska Division of Corporations, Business, and Professional Licensing, 907/465-2550, http://commerce.alaska.gov/dnn/cbpl/BusinessLicensing.aspx, unless otherwise exempted by their regulations.
2. Enter the name, telephone number, and email and mailing addresses of the Responsible Party. The Responsible Party is the person that receives official correspondence from DEC, such as renewal notices or notices of noncompliance, and may be contacted if there are questions about this application.
3. Enter the name, telephone number, and email and mailing addresses of the Facility Contact if different from the Responsible Party. The Facility Contact is the person located at the facility that has the specific knowledge of the facility or activity under permit (e.g. the treatment plant operator), and may be contacted if there are specific questions about this application.
4. Enter invoicing information for billing purposes if different from the new business name.
5. Complete as indicated. Attach an explanation if changes are being made to the discharge regulated by the current permit.

D. SIGNATURE REQUIRED FOR NAME CHANGE

The signature of the Responsible Party or duly authorized representative must be obtained before DEC will change the name of a permittee.

E. SIGNATURES AND INFORMATION REQUIRED FOR PERMIT TRANSFER

A permittee may not transfer a permit for a facility or activity to any person except after notice to DEC. Notice should be provided a minimum of 30 days prior to the proposed transfer date. The signatures of the Responsible Parties for the previous owner and the new owner, or their duly authorized representatives, must be obtained before DEC will transfer a permit. Please provide a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittee.

IMPORTANT NOTE: Your signature as the Responsible Party for the new owner on this form is required for compliance with DEC regulations. The Responsible Party must be one of the following:

- for a **corporation**, a president, secretary, treasurer, or vice-president, or a manager whose authority is described in 18 AAC 83.385 (APDES) or 18 AAC15.030 (other wastewater discharges);
- for a **partnership or sole proprietorship**, the general partner or proprietor;
- for a **municipality or other public entity**, a principal executive officer or ranking elected official with appropriate authority.

Before submitting this application, please review the conditions of your wastewater permit or authorization to ensure compliance with any additional signature requirements.

Submit to:

Alaska Department of Environmental Conservation
Wastewater Discharge Authorization Program
555 Cordova St
Anchorage, AK, 99501

For information, call 907-269-6285.