

Name Change or Transfer of Ownership - Stormwater

Form Input

Form Instructions

Please see:

Contact Information

Required Contacts

If you are requesting a contact name change then the following contacts are required for this application. Multiple roles may be selected per contact.

- Applicant (Responsible Party)
- Onsite or Operator Contact

Contact Role(s) *Select All That Apply

- Applicant
- Application Preparer
- Agent
- Billing Contact
- SWPPP Contact
- Consultant
- Operator
- Onsite Contact

... (More Options Available)

Contact

Prefix

First Name

Last Name

Title

Organization Name

Phone Type

Number

Extension

Home

Mobile

Other

Business

Email

Mailing Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

Country

Permit Information

Permit Number

Current Permittee

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Title		
<input type="text"/>		
Phone Type <small><i>Only one phone number accepted</i></small>	Number	Extension
Home	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		
Address Line 1		
<input type="text"/>		
Address Line 2		
<input type="text"/>		
City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country		
<input type="text"/>		

The contacts listed below are required in the Contact Information section. Please return to the previous section and select the role and fill out the contact details.

- Applicant (Responsible Party)
- Onsite or Operator Contact
- Billing Contact

Facility Information

Is this a Facility Name Change or Transfer of Ownership request? *Select One

- Facility Name Change Transfer of Ownership

Previous Business Name

*This control is conditionally displayed based on answers provided in other parts of the form

Enter the new business name below. 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, unless otherwise exempted by their regulations.

New Business Name

Effective or Scheduled Date of Facility Name Change

Effective or Schedule Date of Transfer

Document Attachments

Please include any additional documents you would like submitted with this application

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

.7Z.7z*.AVI*.avi*.Avi*.BMP*.bmp*.Bmp*.CSV*.csv*.Csv*.DAT*.dat*.Dat*.DOC*.doc*.Doc*.DOCX*.docx*.Docx*.DWG*.dwg*.Dwg*.EML*.eml*.Eml*.GIF*.gif*.Gif*.GPX*.gpx*.Gpx*.HTM*.

Confidential (Reason for Confidentiality)

Information Only: Use EDMS