



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. Business Name of Operator As It Appears On The Permit: _____

2. Current 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 _____
 State 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(l)(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 OWNERSHIP OF THE PERMITTED EQUIPMENT AS SPECIFIED ABOVE, FOR THIS FACILITY, TO THE NEW LEGAL OPERATOR, IDENTIFIED IN SECTION B.		Checklist
	13. Signature of Responsible Official: _____	14. Date: _____	
15. Title of Responsible Official: _____	16. Phone: _____	Payment attached?	
New Operator	17. Signature of Responsible Official: _____	18. Date: _____	
	19. Title of Responsible Official: _____	20. Phone: _____	

AQMD USE ONLY	APPLICATION TRACKING #	TYPE B C	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: _____ \$	VALIDATION
ENG. DATE	A R	ENG. DATE	A R	CHECK/MONEY ORDER #	AMOUNT \$
		CLASS I III	ASSIGNMENT Unit Engineer		TRACKING #