

Change of Ownership / Operator Notification

1610 S. Technology Blvd., Suite 101, Spokane, WA 99224 / SpokaneCleanAir.org / 509-477-4727 / fax 509-477-6828

Complete and sign this form and return it to Spokane Clean Air within 90 days of change of ownership / operator (WAC 173-400-101(6) and SRCAA Regulation I, Article IV). Failure to notify Spokane Clean Air of an ownership / operator change within 90 days may result in the issuance of a Notice of Violation, which may be followed by the assessment of a civil penalty.

Facility Information			
Source / Facility Physical Add	ress:		
Date Ownership / Operator Tra	ansferred:		
New Owner Information Owner Name: Legal Business Name: Doing Business As (dba): Mailing Address: Billing Address:			
General Contact:	Phone:	Email:	
Onsite Contact:	Phone:	Email:	
Billing Contact:	Phone:	Email:	
New Operator Information (Complete only if operator inform	ation is different than owner.)	
Doing Business As (dba):			
New Owner or Operator Sign	nature		
	ed a copy of all SRCAA App ble) and agree to be bound by	roval Orders and exemptions i their terms and conditions.	ssued to the
federal, state, and local air exemptions issued for the f	quality regulations, including facility. Further, I understand and other penalties, shall sur	e facility, I am responsible for g complying with any Approva that any liability for fee payme rvive any transfer of ownership	l Orders and ent, including
Print Name:	Tit	le:	
Signature:		nte:	Jun