PERMIT TRANSFER FORM

PERMIT NUMBER: __________________________

SELECT ALL OF THE FOLLOWING THAT APPLY:

☐ Permittee (legal name) change [CHANGE OF OWNERSHIP] ☐ Permittee (legal name) change [NAME CHANGE ONLY]

☐ Facility name change ☐ Responsible official name change

I. CURRENT PERMITTEE INFORMATION

Permittee (legal name):

Facility Name:

Responsible Official Name (see Section IV below):

Is the permittee identified above, the owner of the facility? ☐ Yes ☐ No

If No, list owner name:

II. NEW PERMITTEE INFORMATION

Permittee (legal name):

Facility Name (if different from Permittee Name):

Is the Permittee the owner of the facility? ☐ Yes ☐ No If No, list owner name:

Responsible Official Name (see Section IV below):

Responsible Official Title: __________________________ Permittee Type:

Responsible Official E-mail: __________________________ ☐ STATE ☐ PARTNERSHIP

Permittee Mailing Address: __________________________ ☐ FEDERAL ☐ PUBLIC

Permittee City: __________________________ ☐ CORPORATION/LLC

Permittee State: ______ Zip: ______ State of Incorporation: _____

Permittee Phone No.: __________________________ ☐ SOLE PROPRIETORSHIP

☐ OTHER: __________________________

Is the new permittee registered with the Arkansas Secretary of State? ☐ Yes ☐ No

If yes, the Permittee (legal name) above must EXACTLY match the name registered with the Arkansas Secretary of State.

A current Certificate of Good Standing from the State of Incorporation must be submitted with this form.

Facility Mailing Address: __________________________ Facility City: __________________________

________________________ Facility State: ______ Zip: ______

Facility Contact Person Name: __________________________ Contact Person Title:

Phone Number: __________ Fax Number: __________ E-mail: __________

Invoice Contact Person: __________________________ City: __________________________

Invoice Mailing Address: __________________________ State: ______ Zip: ______

Invoice Mailing Address: __________________________ Phone: __________

Cognizant Official Name*: __________________________ Cognizant Official Title:

Phone Number: __________ Fax Number: __________ E-mail: __________

* Duly Authorized Representative as outlined in 40 CFR 122.22(b)
PERMIT TRANSFER FORM

III. OWNERSHIP CHANGE AGREEMENT

Please note you must complete Section III only if this permit transfer is for a change of ownership.

Please specify the closing date for this transaction: ____________________________

Current Permittee (Seller):

Signature of Responsible Corporate Officer: ____________________________
Title of Responsible Corporate Officer: ____________________________
Printed Name of Responsible Corporate Officer: ____________________________
Date: ____________________________

New Permittee (Buyer):

Signature of Responsible Corporate Officer: ____________________________
Title of Responsible Corporate Officer: ____________________________
Printed Name of Responsible Corporate Officer: ____________________________
Date: ____________________________

Disclosure Statement:
Disclosure Statement must be submitted for new permittee. Disclosure Statement is not required for Stormwater Permits.

Is Disclosure Statement enclosed: ☐ Yes ☐ No

Trust Fund Requirements:
If this facility is subject to the trust fund requirements (Ark. Code Ann. §8-4-203(b)(1)(B)), the permittee must also submit the ADEQ Trust Fund Requirements form with this transfer form. A form may be obtained from the ADEQ website:


Land Use Contract:
For land application permits you must submit a new land use contracts for all the sites permitted under the current permit for land application. The new land use contract must be signed by the new permittee and land owner.

IV. CERTIFICATION OF NEW PERMITTEE (Responsible Official in Section II)

“I certify that the cognizant official designated in this Permit Transfer Form (Section II) is qualified to act as a duly authorized representative under the provisions of 40 CFR Part 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed by the applicant. I certify under penalty of law 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 the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

In addition, I certify that there will be no operational changes that warrant a permit modification. (Please note that if there are changes that warrant a permit modification, then you must submit a complete application, updated plans, design calculations and specifications, and the permit modification fee along with this Ownership Change Form. The transfer may be made effective prior to permit modification.)

Typed or Printed Name: ____________________________     Title: ____________________________
Signature: ____________________________     Date: ____________________________

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
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