- 1. **Company**: Enter the legal name of the new company as it is registered with the State of Oregon Corporations Division and mailing address.
- 2. **Facility Location**: Enter the common name of the facility and address if different from the information provided in question 1. If the information is the same, enter "same".
  - Provide the location (i.e., the street address) for the facility. If the facility is not located on a street, provide other directional information such as nearby cross streets (i.e., northwest of Third Avenue at Howard Street). If the facility is located in an industrial park, provide the name and address of the park.
  - Provide the city name, county, and zip code. If the facility is located in an unincorporated area of a county, enter "unincorporated" and identify the nearest incorporated municipality.
- 3. **Site Contact Person:** Provide the following information about the individual who should be contacted regarding this permit application.
  - Enter the name of the individual
  - Enter the title of the individual.
  - Enter the area code and telephone number of the individual.
- **4. Reason for Transfer:** Enter the reason for the transfer (e.g., sale, name change, merger, reorganization).
- **5. Effective Date of the Change:** Enter the effective date of the change.
- 6. **Signatures:** Sign the form and submit it to LRAPA at 1010 Main St, Springfield, OR, 97477 along with a check payable to LRAPA for the total amount due. If this is a sale or merger, then the form must be signed by a representative of each business entity.
- 7. Fees and submittal instructions:

## Submit the application along with the fees to the following address:

Lane Regional Air Protection Agency 1010 Main St. Springfield, OR 97477 (541) 736-1056

Permit No.	FOR LRAPA USE ONLY
Climt 1 to.	Date Received
Application No.	Check No. Amount
1. Company	2. Facility Location
New Name:	Name:
Mailing Address:	Street Address:
City, State, Zip Code:	City, County, Zip Code:
Number of employees	
3. Site Contact Person	4. Reason for Transfer
Name:	
Title:	5. Effective Date of Change
Phone Number:	
Fax Number	
e-mail address  Signatures: I hereby apply for permission to discharge	air contaminants in Lane County, Oregon, as stated or described in ation contained in this application and the schedules and exhibits be best of my knowledge and belief.
e-mail address  Signatures: I hereby apply for permission to discharge this application, and certify that the inform appended hereto, are true and correct to the	ation contained in this application and the schedules and exhibits
e-mail address  Signatures: I hereby apply for permission to discharge this application, and certify that the inform appended hereto, are true and correct to th	ation contained in this application and the schedules and exhibits e best of my knowledge and belief. FUTURE PERMIT HOLDER
e-mail address  Signatures: I hereby apply for permission to discharge this application, and certify that the inform appended hereto, are true and correct to the  Name of official (Printed or Typed)  Signature of official	ation contained in this application and the schedules and exhibits to best of my knowledge and belief.  FUTURE PERMIT HOLDER  Title of official and phone number
e-mail address  Signatures: I hereby apply for permission to discharge this application, and certify that the inform appended hereto, are true and correct to the  Name of official (Printed or Typed)  Signature of official	ation contained in this application and the schedules and exhibits to best of my knowledge and belief.  FUTURE PERMIT HOLDER  Title of official and phone number  Date