

**Feather River Air Quality Management District**

Application for Transfer of Ownership,  
Change of Name, or  
Change of Information



*Serving Sutter and Yuba Counties*

1007 Live Oak Blvd Suite B-3  
Yuba City, CA 95991  
(530) 634-7659  
FAX (530) 634-7660  
www.fraqmd.org

**David A. Valler, Jr.**  
**Air Pollution Control Officer**

NAME AS IT WILL APPEAR ON PERMIT \_\_\_\_\_

FACILITY NAME \_\_\_\_\_

LOCATION OF FACILITY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**PLEASE COMPLETE IF DIFFERENT THAN THE ABOVE INFORMATION:**

MAILING NAME \_\_\_\_\_

MAILING/BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

PREVIOUS PERMIT NUMBER \_\_\_\_\_

PREVIOUS FACILITY NAME \_\_\_\_\_

PREVIOUS OWNER \_\_\_\_\_

**FILING FEE \$35.00**  
(to be submitted with this application)

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

NAME (PRINTED) \_\_\_\_\_ DATE \_\_\_\_\_

**FRAQMD Use Only\*\*\*\*\***

Receipt Number \_\_\_\_\_ Check Number \_\_\_\_\_ Date \_\_\_\_\_ Received By \_\_\_\_\_