## STATE OF COLORADO

Dedicated to protecting and improving the health and environment of the people of Colorado

## **COLORADO DEPARTMENT OF PUBLIC**

HEALTH AND ENVIRONMENT Water Quality Control Division 4300 Cherry Creek Drive South B2 Permits **Denver, Colorado 80246-1530** 



For Agency Use Only						
Date Received//						
Complete						
Paid						
Effective Date//						

## APPLICATION FOR TRANSFER OF OWNERSHIP FOR ALL PERMITS, CERTIFICATIONS, AND AUTHORIZATIONS PHOTO COPIES, FAXED COPIES, PDF COPIES OR EMAILS WILL NOT BE ACCEPTED.

TO BE COMPLETED BY NEW PERMITTEE: Permit or Certification or Authorization Number

hereby a	apply for a transfer of ow	nership of this Color	ado Discharge Permit	, Certification, or Authorization listed above,			
hich wa	as issued to (permittee li	sted in Part 2, page	2)				
	viewed the terms and co ment Plan where applicat		it and accept responsi	bilities, coverage and liability (including Stormwater			
all infor	rmation is correct, form is	complete, and trans	sfer approved, I reques	st this transfer to be effective on			
have en	nsured that all of the follo	wing requirements h	ave been met:				
1. 2. 3.	ORIGINAL Form mailed to Division 30 Days Prior to the Transfer Effective Date (which may be the date property exchanges hands.  Copies, PDF versions, and Faxes will NOT be accepted and will delay the issuance of the transfer.						
PRO.	JECT OR FACILITY IN	NFORMATION N					
Proj	ject or Facility Name:						
Facility Address (location)							
City: State: 2			Zip:	County:			
NEW I	PERMITTEE INFORM	ATION (fill out all	appropriate contac	cts)			
Con	npany name:						
Mail	ling Address:						
City	r:	State:	Zip:	Telephone No:			
•	Legal Contact: will rece	ive all future permit	correspondences and	is legally responsible for compliance with the permi			
Nan	Name:email address						
Title	Title:Telephone No:						
	<b>Local Contact:</b> will be of facility.	contacted for questic	ons relating to the facili	ty and the discharge authorized by the permit for th			
Nan	Name:email address						
Title	ə:	Telephone No:					
•	Authorized Agent(s) - r	nay sign reports (su	ch as DMR's or Annua	I Reports) required by the permit.			
Auth	uthorized Agentemail address						
Title:			Telephone No:				
Auth	norized Position		Telephor	ne No:			
Currently held by:			email address:				

## APPLICATION FOR TRANSFER OF OWNERSHIP FOR ALL PERMITS, CERTIFICATIONS, AND AUTHORIZATIONS Billing Contact Information - if billing address is different than legal contact Name: Company Name: Mailing Address: State: Zip: Telephone No: City: **REQUIRED SIGNATURE:** Signature of Applicant: The applicant must be either the owner and/or operator of site. The application must be signed by the applicant to be considered complete. In all cases, it shall be signed as follows: a) In the case of corporations, by a principal executive officer of at least the level of vice-president or his or her duly authorized representative, if such representative is responsible for the overall operation of the facility from which the discharge described in the application originates. b) In the case of a partnership, by a general partner. c) In the case of a sole proprietorship, by the proprietor. d) In the case of a municipal, state, or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee if such representative is responsible for the overall operation of the facility from which the discharge described in the form originates. I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Signature(Legally Responsible Party)\_\_\_\_\_\_ Date Name (printed) Title PART 2 - TO BE COMPLETED BY PREVIOUS PERMITTEE

As previous owner, I hereby agree to the transfer of the above-referenced permit and all responsibilities thereof.								
Company Name:								
Mailing Address:								
City:	State:	Zip:	Telephone No:					
Signature (Legally Respon	nsible Party)		Date					
Name (printed)			Title					
Email address								