



COLORADO

Department of Public Health & Environment

Water Quality Control Division

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

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

APPLICATION FOR TRANSFER OF OWNERSHIP FOR ALL PERMITS, CERTIFICATIONS AND AUTHORIZATIONS

PHOTO COPIES, FAXED COPIES, PDF COPIES OR EMAILS WILL NOT BE ACCEPTED.
Not providing the signed Original document may result in delay of transfer of the permit.

PERMIT, CERTIFICATION, OR AUTHORIZATION NUMBER _____ (This number does not end in 0000)
(A separate form must be prepared for each Permit, Certification, or Authorization covered by these changes.)

TO BE COMPLETED BY NEW PERMITTEE:

I hereby apply for a transfer of ownership of this Colorado Discharge Permit, Certification, or Authorization listed above, which was issued to :
(permittee listed in Part 2 on page 4) _____.

I have reviewed the terms and conditions of this permit and accept responsibilities, coverage and liability (including Stormwater Management Plan where applicable).

If all information is correct, form is complete, and transfer approved, I request this transfer to be effective on _____. (If this date is in the past, the effective date will be the date processed by the division.)

The following requirements have been met:

- 1. BOTH parties have completed and signed this form - Parts 1 and 2
- 2. ORIGINAL Form mailed to Division 30 Days Prior to the Transfer Effective Date (which may be the date property exchanges hands.)
- 3. ALL existing invoices paid and verified by the Division. Payment MUST be received prior to transfer issuance

PROJECT or FACILITY INFORMATION

PROJECT OR FACILITY NAME						
FACILITY LOCATION/ADDRESS						
CITY		COLORADO	ZIPCODE		COUNTY	

PERMITTEE ORGANIZATION FORMAL NAME taking liability for this permit:

The legally responsible organization (applicant) is either the owner or operator of the facility or project to which the permit has been issued, or both if designated as co-permittees by the Division.

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



1. NEW PERMITTEE INFORMATION (fill out all appropriate contacts)

Responsible Position (title) _____
Held by (person) _____
Telephone # _____ email address _____
Organization
(Should be same as
Formal name on page 1) _____
Mailing address _____
City _____ State _____ Zip _____

2. DMR COGNIZANT OFFICIAL (i.e. authorized agent) the person authorized to sign and certify the Reports as required by the permit, including Discharge Monitoring Reports (DMR's), Annual Reports, Compliance Schedule submittals, and other information requested by the Division. The Division will transmit pre-printed reports (i.e. DMR's) to this person. If more than one person, please add additional pages. This party may not sign application forms.

Responsible Position (title) _____
Held by (person) _____
Telephone # _____ email address _____
Organization _____
Mailing address _____
City _____ State _____ Zip _____

3. SITE CONTACT local contact for questions relating to the facility and discharge authorized by this permit for the facility

Responsible Position (title) _____
Held by (person) _____
Telephone # _____ email address _____
Organization _____
Mailing address _____
City _____ State _____ Zip _____

4. CERTIFIED OPERATOR IN RESPONSIBLE CHARGE (ORC) may designate one or both if needed

A. Wastewater Treatment Facility ORC

Operator ID Number _____
Operator's Legal Name _____
Organization _____

B. Wasterwater Collection System ORC

Operator ID Number _____
Operator's Legal Name _____
Organization _____

5. **BILLING CONTACT** if different than permittee

Responsible Position (title) _____
Held by (person) _____
Telephone # _____ email address _____
Organization _____
Mailing address _____
City _____ State _____ Zip _____

6. **OTHER CONTACT TYPES** (check below) Add pages if necessary.

Responsible Position (title) _____
Held by (person) _____
Telephone # _____ email address _____
Organization _____
Mailing address _____
City _____ State _____ Zip _____

- | | |
|-----------------------------|--------------------------------------|
| Pretreatment Coordinator | Compliance Contact |
| Environmental Contact | Stormwater MS4 Responsible Party |
| Biosolids Responsible Party | Stormwater Authorized Representative |
| Inspection Facility Contact | Property Owner |
| Consultant | Other _____ |

REQUIRED CERTIFICATION SIGNATURE [Reg 61.4(1)(h)]

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 _____

Application for transfer of ownership for all permit, certifications and authorizations

PART 2

TO BE COMPLETED BY THE PREVIOUS PERMITTEE

As previous owner, I hereby agree to the transfer of the permit and all responsibilities there of for the permit referenced in Part 1, Page 1 of this application.

Company name _____

Legally responsible party _____

Title _____

Phone _____ Email _____

Mailing address _____

City _____ State _____ Zip _____

Signature _____

Date _____