**Commonwealth of Virginia**

**Department of Environmental Quality**



**FORM 7O: OWNERSHIP / NAME CHANGE**

For Permits Promulgated Under

## 9VAC5-80 Articles 5, 6, 7, 8, and 9

DOCUMENT CERTIFICATION FORM

***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 and evaluating the information, 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.***

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNATURE: |  | DATE: |  |
|  |  |  |  |
| NAME: |  | REGISTRATION NO: |  |
|  |  |  |  |
| TITLE: |  | COMPANY: |  |
|  |  |  |  |
| PHONE: |  | ADDRESS: |  |
|  |  |  |  |
| EMAIL: |  |  |  |

References: Virginia Regulations for the Control and Abatement of Air Pollution (Regulations), 9VAC5-20-230B.

****

**GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Person Completing Form: | Date: | Registration Number: |
|  |  |  |
| Company and Division Name: | FIN: |
|  |  |
| Mailing Address: |
|  |
| Exact Source Location – Include Name of City (County) and Full Street Address or Directions: |
|  |
| Telephone Number: | No. of Employees:  | Property Area at Site:  |
|  |  |  |
| Person to Contact on Air Pollution Matters – Name and Title: | Phone Number:  |
|  | Fax:  |
|  | Email:  |
|  |  |
| Latitude and Longitude Coordinates **OR** UTM Coordinates of Facility: |
|  |

**Reason(s) for Submission (Check all that apply):**

|  |
| --- |
|  |
|  |  | Notification of Change in Ownership – Effective Date: |  |  |
|  |  |  |  |  |
|  | Old Owner: |  |  |
|  |  |  |  |
|  | New Owner: |  |  |
|  |  |  |  |  |
|  |  | Notification of Facility Name Change – Effective Date: |  |  |
|  |  |  |  |  |
|  | Old Facility Name: |  |  |
|  |  |  |  |
|  | New Facility Name: |  |  |
|  |  |  |  |  |  |
|  |  | Notification of Owner Name Change – Effective Date: |  |  |
|  |  |  |  |  |  |
|  | Old Owner Name: |  |  |
|  |  |  |  |
|  | New Owner Name: |  |  |
|  |  |  |  |
|  |  | Other (Specify): |  |  |
|  |  |  |  |  |
|  |
| **NOTE:** A permit amendment is **not** required for a name or ownership change under 9VAC5-80 Articles 5, 6, 7, 8, or 9. The current permit(s) automatically transfer to the new responsible entity. However, if ownership of an Article 1 or Article 3 permit source is transferred to a new owner, the **new** owner must apply for an **administrative permit amendment** within 30 days of the transfer. In the case of a name change for an Article 1 / 3 source, the owner must notify DEQ of the change within 30 days of the name change. In both scenarios for Articles 1 and 3, the source must comply with the requirements of 9VAC5-80-200 / 9VAC5-80-560 (*Administrative permit amendments*).  |

**GENERAL INFORMATION (CONTINUED)**

**Describe the products manufactured and/or services performed at this facility:**

|  |
| --- |
|  |

**List the Standard Industrial Classification (SIC) Code(s) for the facility:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**List the North American Industry Classification System (NAICS) Code(s) for the facility:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**List all the facilities in Virginia under common ownership or control by the owner of this facility:**

|  |
| --- |
|  |
|  |
|  |