

# San Joaquin Valley Air Pollution Control District

www.valleyair.org

## CONSERVATION MANAGEMENT PRACTICE PLAN (CMPP) APPLICATION FOR

**TRANSFER OF OWNERSHIP**

**NAME CHANGE ONLY** No change in facility ownership has occurred.

1. CMP PLAN(S) TO BE ISSUED TO:		
2. MAILING ADDRESS: STREET/P.O. BOX: _____ CITY: _____ STATE: _____ 9-DIGIT ZIP CODE: _____		
3. LOCATION OF THE FACILITY THE CMP PLAN IS COVERING: STREET: _____ CITY: _____		
4. CMP PLAN ID NO(S):		
5. SIGNATURE OF APPLICANT (Acquiring Owner or Representative):	TYPE OR PRINT TITLE OF APPLICANT:	
6. TYPE OR PRINT NAME OF APPLICANT:	DATE:	TELEPHONE NO:

7. CMP PLAN(S) CURRENTLY ISSUED TO:		
8. MAILING ADDRESS: STREET/P.O. BOX: _____ CITY: _____ STATE: _____ 9-DIGIT ZIP CODE: _____		

### FOR APCD USE ONLY:

DATE STAMP	FILING FEE RECEIVED: \$ _____ /
	DATE PAID:
	PROJECT NO.: _____ FACILITY ID.: _____

## INSTRUCTIONS-

- A. Initial whether the application is for Transfer of Ownership or Name Change of CMP Plan(s) in the appropriate box. By initialing the Name Change Only box, the owner/ operator is certifying that no change in ownership has occurred.
- C. **Line 1.** Indicate the name of the business exactly as it should appear on each CMP Plan.
- D. **Line 2.** List the mailing address where correspondence regarding the application and billing for the biennial fee may be sent.
- E. **Line 3.** List the physical location of the facility the CMP Plan is covering. If a street address is not applicable, then provide the Township, Section, and Range or the Universal Transverse Meridian (UTM) Coordinates.
- F. **Line 4.** List the ID number of each CMP Plan for which ownership is being transferred or name changed.
- G. **Line 5.** Signature of Applicant should be the acquiring owner or representative's signature. Sign the application in ink. Type or print the title of the person signing as the applicant.
- H. **Line 6.** Type or print the name of the applicant. The applicant must be an officer of the business who will be responsible for complying with all conditions of each CMP Plan. Indicate the date and the daytime telephone number of the applicant.
- I. **Line 7.** Indicate the name of the business as it currently appears on the CMP Plan(s) for which ownership is being transferred or name changed.
- J. **Line 8.** List the mailing address of the current CMP Plan holder of record.
- K. **Supplemental Information Required With Each Application.** The following information must be submitted with each application for Transfer of Ownership of CMP Plan:
1. **Consent to Release CMP Plan(s)** - The current CMP Plan holder of record must prepare a document acknowledging release of ownership of the current CMP Plan(s). The document must be signed in ink and must include the following information:
    - a. The name of the business to whom ownership is being transferred.
    - b. The CMP Plan facility number for which ownership is being transferred.
    - c. The signature of the previous owner releasing ownership of CMP Plan(s).
- L. Applications may be submitted either by mail or in person at the following locations:

1. **Northern Regional Office** (San Joaquin, Stanislaus, and Merced Counties):

4800 Enterprise Way  
Modesto, CA 95356  
(209) 557-6400      FAX (209) 557-6475

2. **Central Regional Office** (Madera, Fresno, and Kings Counties):

1990 East Gettysburg Avenue  
Fresno, CA 93726  
(559) 230-5900      FAX (559) 230-6061

3. **Southern Regional Office** (Tulare and Kern Counties):

34946 Flyover Court  
Bakersfield, CA 93308  
(661) 392-5500      FAX (661) 392-5585

**TRANSFER OF OWNERSHIP  
LETTER OF RELEASE**

\_\_\_\_\_, as current holder  
(PRINT BUSINESS NAME AS CURRENTLY LISTED ON CMP Plan)  
of record of Conservation Management Practices Plan (as listed below)  
issued by the San Joaquin Valley Unified Air Pollution Control District  
(SJVUAPCD), hereby releases all rights of ownership of the listed CMP  
Plan

to \_\_\_\_\_ as of \_\_\_\_\_  
(PRINT NAME OF BUSINESS TRANSFERRING TO) (EFFECTIVE DATE OF TRANSFER)

**CMP PLAN ID NUMBER(s)**

(PLEASE LIST)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(USE ADDITIONAL SHEETS IF NECESSARY)

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(PREVIOUS OR RELEASING OWNER'S SIGNATURE)

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
(PRINT NAME)

=====

**ACQUIRING COMPANY CONTACT** (PLEASE PRINT)

**NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_  
( )

**ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_