If you have any questions while filling out this form, please contact the Bureau of Air Quality, Air Permitting Division by calling (803) 898-4123.

Submit **one complete, public** form with original signatures (scanned, copied, electronic, etc. signatures will not be accepted) to the following address:

Air Permitting Division Director

Bureau of Air Quality

2600 Bull Street

Columbia, South Carolina, 29201

**Use the following questions to determine if this is the appropriate form to submit.**

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| 1. Has the facility moved from one location to another location within the state of South Carolina?

Yes [ ]  Please complete and submit Form D-0662, Facility Relocation Application.No [ ]  Continue with Question 2.1. Has the facility moved all operations outside of the state of South Carolina?

**Note:** If you are relocating a concrete or asphalt plant, please use the respective facility application to submit relocation.Yes [ ]  Please complete and submit Form D-2374, Air Permit Cancellation.No [ ]  Continue to request form below. |

| **FACILITY IDENTIFICATION** |
| --- |
| SC Air Permit Number (8-digits only):      -     *(Request cannot be processed without this number)* | Request Date:       |

| **FACILITY UPDATE/CORRECTIONS - Check all boxes that apply.** |
| --- |
| [ ] Facility Name: Correct or change name and/or business structure (LLC, Inc., etc.)[ ] Facility Federal Tax Identification Number: Correct or change.[ ] Physical Address: Update or Correction[ ] Air Permit Contact: Update current contact’s information or change to new permit point of contact[ ] Transfer of Ownership/Operations: This change requires the signature of both the current and prospective new permit owners. This application must be signed by a Responsible Official if this facility is currently operating under a Title V permit. |

| **FACILITY NAME AND/OR TAX ID UPDATE/CHANGE** |
| --- |
| Current Site Name*(This should be the name on the Current Permit)*      | New Site Name*(This should be the name used to identify the facility at the physical address.)*      |
| Current Facility Federal Tax Identification Number*(Established by the U.S. Internal Revenue Service to identify a business entity)*      | New Facility Federal Tax Identification Number*(Established by the U.S. Internal Revenue Service to identify a business entity)*      |

| **FACILITY PHYSICAL ADDRESS UPDATE/CORRECTION**[ ]  Postal Address Change [ ]  Correction  |
| --- |
| Current Physical Address:       | New Physical Address:       |
| Current City:       | New City:       |
| State: SC | State: SC |
| Current Zip Code:       | New Zip Code:       |
| Current County:       | New County:       |

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| **AIR PERMIT CONTACT**[ ]  Update current contact [ ] New Contact*(Person listed will be in our files as the point of contact for all air permitting related questions and will receive all air permitting notification)* |
| Title/Position:       | Salutation:       | First Name:       | Last Name:       |
| Mailing Address:       |
| City:       | State:       | Zip Code:       |
| E-mail Address:       | Phone No.:       | Cell No.:       |

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| **CERTIFICATION STATEMENTS****Please read each certification statement below and check the box for the statement that applies to your role in completing this request.** |
| [ ]  **For Current Owner/Operator Updates (excluding permit transfer):**As a duly authorized representative of this facility, with the responsibility to ensure that this facility is in compliance with the requirements of all air permits issued by the Department, I certify that the information in this facility update request is true, accurate, and complete. |
| [ ]  **For Current Owner/Operator Requesting Permit Transfer:**I certify, to the best of my knowledge and belief, that all emission units at this facility are in compliance with current applicable requirements, and that no applicable standards and/or regulations will be contravened or violated. In accordance with South Carolina Air Pollution Control Regulations and Standards, Regulation 61-62.1, Section II, M. Transfer of Ownership/Operation, I certify that the ownership and operation of this facility was transferred on the date indicated above and hereby request transfer of the source operating and/or construction permit responsibility, coverage, and liability to the new facility owner/operator listed below.In addition, I understand that when transferring permits, final reports covering the time period from the facility’s last report submitted to the date of official transfer of ownership will be due 30 days from the date the permits were transferred and should be sent to the Manager of the Technical Management Section and/or to the Manager of the Air Toxics Section as required by the permit or state/federal regulation. For Title V facilities, a final Title V Annual Compliance Certification will be due 45 days from the date the permit is transferred. |
| [ ]  **For Prospective New Owner/Operator Requesting Permit Transfer:**I certify, to the best of my knowledge and belief, that all emission units at this facility are in compliance with current applicable requirements, and that no applicable standards and/or regulations will be contravened or violated. I understand that all emission units at this facility must continue to comply with all current applicable requirements and must, on a timely basis, comply with the requirements of any new applicable standards and/or regulations that become effective during the permit term. In accordance with South Carolina Air Pollution Control Regulations and Standards, Regulation 61-62.1, Section II, M. Transfer of Ownership/Operation, I certify that the ownership and operation of this facility was transferred on the date indicated above and hereby request transfer of the source operating and/or construction permit responsibility, coverage, and liability. |

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| **CURRENT** **OWNER OR OPERATOR*****(****\*This application must be signed by a Responsible Official if this facility is currently operating under a Title V permit.)* |
| Title/Position:       | Salutation:       | First Name:       | Last Name:       |
| Mailing Address:       |
| City:       | State:       | Zip Code:       |
| E-mail Address:       | Phone No.:       | Cell No.:       |
| **CURRENT OWNER OR OPERATOR SIGNATURE** |
|  |
| \*Signature of Current Owner or Operator | Date |

**PROSPECTIVE NEW OWNER/OPERATOR TRANSFER DETAILS**

| **PROSPECTIVE NEW PERMIT OWNER/OPERATOR INFORMATION** |
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| Has the original permit owner/operator paid all outstanding fees? [ ]  Yes [ ] No |
| If no, please explain how all outstanding fees will be paid:       |

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| **PERMITTED/EXEMPT EQUIPMENT AND PROCESSES** |
| Are all of the sources currently permitted and exempted by the Bureau of Air Quality being transferred to the prospective new owner/ operator and retained without any changes? [ ]  Yes [ ] No |
| If no, please submit a list of **all** equipment and processes, including exempt sources, noting changes. Changes include, but are not limited to, the following:* Removal or relocation by the current owner;
* Sources not covered under the current operating permit or issued construction permits;
* Removal or relocation by the prospective new owner;
* Modifications by prospective new owner;
* Additions by prospective new owner.

NOTE: Attach additional information as needed. |

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| **PROSPECTIVE NEW PERMIT OWNER/OPERATOR** *(\*\*This application must be signed by a Responsible Official if this facility is currently operating under a Title V permit.)* |
| Title/Position:       | Salutation:      | First Name:       | Last Name:       |
| Facility Legal Name:       |
| Mailing Address:       |
| City:       | State:    | Zip Code:       -      |
| E-mail Address:       | Phone No.: (   )     -      | Cell No.: (   )     -      |
| **PROSPECTIVE NEW OWNER/OPERATOR SIGNATURE** |
|  |
| \*\*Signature of Prospective New Permit Owner/Operator  | Date |

| **Note for Title V Facilities:** |
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| \* This application must be signed by a Responsible Official if this facility is currently operating under a Title V permit. |
| \*\* The prospective new permit owner/operator must also submit DHEC Form 2951 to designate the Responsible Official(s) who may sign this application if different from the Responsible Official currently on file with the Agency.  |
| Submittal of this form satisfies the requirements of the Administrative Permit Amendment process. The South Carolina Department of Health and Environmental Control may modify the permit as described on this form through the administrative permit amendments process described in S. C. Regulation 61-62.70.7(d). |