



Los Angeles Regional Water Quality Control Board

NPDES PERMIT TRANSFER REQUEST FORM

NPDES Permit No. _____ CI No. _____

Facility Location: _____
Street Address City Zip

I hereby request the transfer of the above-referenced NPDES permit, including the transfer of responsibility, coverage, and liability for such permit, in accordance with the following:

TRANSFER FROM:

TRANSFER TO:

Facility Name _____

New Facility Name _____

Owner _____

New Owner _____

Operator _____

New Operator _____

TRANSFER EFFECTIVE DATE: _____

Signature of Former Owner/Authorized Representative _____

Title _____

Name of Former Owner/Authorized Representative _____

Date _____

I understand that I am responsible for compliance with the above-referenced NPDES permit. I certify that:

- 1. I have reviewed the NPDES permit;
2. The facility construction and nature/amount of discharges from the facility have not substantially changed; and
3. I will notify the Board of any material change in the facility and/or of the discharge, or any future change in the facility owner or operator.

Signature of New Owner/Authorized Representative _____

Company name, if appropriate _____

Name of New Owner/Authorized Representative _____

Telephone No. _____ Date _____

Title _____

Email _____

Mailing Address: _____
Street Address City State Zip

Name of Facility Contact Person _____

Telephone No. _____ Email _____

Facility Contact Mailing Address: _____
Street Address City State Zip

Billing information:

Billing Contact Person _____

Telephone No. _____ Email _____

Billing Contact Mailing Address: _____
Street Address City State Zip

NORMA CAMACHO, CHAIR | SUSANA ARREDONDO, EXECUTIVE OFFICER