

Air Quality Program, 245 Fallbrook, Boulevard, Suite 100, Lincoln, NE 68521
Attn: Air Permitting Section Supervisor

**Request for Administrative Permit Amendment for
Change in Name, Ownership or Operational Control**

Nebraska Department of Water, Energy, and Environment (DWEE) Information					
1) DWEE Facility ID: _____ (leave blank if unknown)					
New Owner Information					
2) Name: _____					
3) Mailing Address: _____					
4) City: _____		5) State: _____		6) Zip: _____	
7) If the owner is a business, is it incorporated? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, name of state where incorporated: _____					
Source Information					
8) Common Name of Source: _____					
9) Source Description: _____					
10) SIC Code(s): _____					
11) NAICS Code(s): _____					
12) Physical Address: _____					
13) City: _____		14) State: Nebraska		15) Zip: _____	
16) County: _____		1/4	1/4	Section: _____	Range: _____
17) Is the source located on leased property? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, fill in 18-22 below)					
18) Property Owner Name: _____					
19) Property Owner Mailing Address: _____					
20) Property Owner City: _____		21) State: _____		22) Zip: _____	
Source Contact Information					
23) Contact Person: _____					
24) Contact Person's Title or Responsibility: _____					
25) Phone: _____		27) Fax: _____			
26) Alt. Phone: _____		28) E-mail: _____			
29) Should DWEE contact another person in addition to the Source Contact for questions? No Yes If Yes, fill in 30-35 below					
30) Additional Contact's Name: _____					
31) Additional Contact's Company: _____					
32) Phone: _____		34) Fax: _____			
33) Alt. Phone: _____		35) E-mail: _____			

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Responsible Official Certification	
36) Compliance Certification	
<input type="checkbox"/> I hereby certify that, based on information and belief formed after reasonable inquiry, the source that emits air pollutants, which is identified in this request form and that is subject to applicable requirements of Title 129, 40 CFR Part 60, and/or 40 CFR Part 63:	
<ol style="list-style-type: none"> 1. Is in compliance with all applicable requirements and will continue to operate in compliance with all applicable requirements; 2. Will achieve compliance with all applicable requirements for which compliance is not currently achieved; and 3. Will comply with all applicable requirements that become effective during the permit term on a timely basis. 	
37) Truth and Accuracy Certification	
<input type="checkbox"/> I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this administrative permit amendment request are true, accurate, and complete. I certify that all paper copies of this request for administrative permit amendment are identical in content.	
38) Responsible Official Certification (see instructions for signatory requirements):	
Typed or Printed Name of Responsible Official	Title
Signature of Responsible Official (see instructions)	Date (mm/dd/yyyy)



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**Request for Administrative Permit Amendment for
Change in Ownership or Operational Control
(Complete and Submit Pages 1, 2 and 3)**

DWEE Facility ID:

This request is for an administrative permit amendment to **change ownership or operational control** of the air contaminant source permitted in the following Air Quality Construction or Operating Permit(s):

Active Air Quality Permits (Construction and Operating) identified as follows:

The date for transfer of permit responsibility (including all required records), liability, and coverage:

The transfer of permit responsibility, liability, and coverage is between:

Seller/Transferor: _____ and Buyer/Transferee: _____

Complete this page only if there are changes in ownership or operational control, and no other changes to the permits identified above are necessary.

Seller/Transferor Information:

Responsible Official Signature: _____ Date: _____

Printed Name and Title:

Mailing Address:

Phone Number:

Email Address:

Buyer/Transferee Information:

Responsible Official Signature: _____ Date: _____

Printed Name and Title:

Mailing Address:

Phone Number:

Email Address:

Name Change Information:

If the name of the source has changed as a result of the transfer of ownership or operational control, please complete the following:

The Source Name has changed from _____ to _____.

If the Source Name has changed, attach documentation showing that the new name is a "Person" (as defined in Title 129, Chapter 1) that is registered and in good standing with the Nebraska Secretary of State (if registration is required).

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**Request for Administrative Permit Amendment for Name Change
(Complete and Submit Pages 1, 2 and 4)**

DWEE ID:

This request is for an administrative permit amendment to **change the name** of an air contaminant source permitted in the following Air Quality Construction or Operating Permit(s):

Active Air Quality Permits (Construction and Operating) identified as follows:

The source's name change will occur/has occurred on this date: _____ .

Name Change Information:

The Source Name has changed from _____ to _____

Complete this page for name change only and there are no changes in ownership or operational control, and no other changes to the permits identified above are necessary.

If the Source Name has changed, attach documentation showing that the new name is a "Person" (as defined in Title 129, Chapter 1) that is registered and in good standing with the Nebraska Secretary of State (if registration is required).