



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
 DIVISION OF AIR POLLUTION CONTROL -- PERMIT SECTION  
 P.O. BOX 19506  
 SPRINGFIELD, ILLINOIS 62794-9506

**FOR APPLICANT'S USE**

Revision #: \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Page \_\_\_\_\_ of \_\_\_\_\_  
 Source Designation: \_\_\_\_\_

<b>REQUEST FOR OWNERSHIP CHANGE FOR CAAPP PERMIT</b>	<b>FOR AGENCY USE ONLY</b>
	ID NUMBER: _____
	PERMIT #: _____
	DATE: _____

NOTE: THIS FORM SHALL ONLY BE USED TO REQUEST AN AMENDMENT OF A CAAPP PERMIT TO REFLECT A CHANGE IN OWNERSHIP OR OPERATIONAL CONTROL OF A SOURCE. PROVIDE ONLY THE NEW INFORMATION FOR THE SOURCE, OWNER, OPERATOR, AND/OR BILLING IN THE SPACES PROVIDED BELOW, AS IT APPLIES.

<b>GENERAL INFORMATION</b>	
1a) ID NUMBER: _____	b) CAAPP PERMIT NUMBER: _____
2) EXISTING SOURCE NAME ON CAAPP PERMIT: _____	
3) DATE FORM PREPARED: _____	

<b>NEW SOURCE INFORMATION</b>	
4) SOURCE NAME: _____	
5) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): _____	
6) SOURCE ENVIRONMENTAL CONTACT PERSON: _____	
7) CONTACT PERSON'S TELEPHONE NUMBER: _____	

<b>NEW OWNER INFORMATION</b>		
8) OWNER NAME: _____		
9) ADDRESS: _____		
10) CITY: _____	11) STATE: _____	12) ZIP: _____
13) OWNER'S AGENT (IF APPLICABLE): _____		

<b>NEW OPERATOR INFORMATION</b>
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THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

**APPLICATION PAGE** \_\_\_\_\_

**FOR APPLICANT'S USE**

14) OPERATOR NAME:		
15) ADDRESS:		
16) CITY:	17) STATE:	18) ZIP:

<b>NEW BILLING INFORMATION</b>		
19) NAME:		
20) ADDRESS:		
21) CITY:	22) STATE:	23) ZIP:
24) CONTACT PERSON:		
25) CONTACT PERSON'S TELEPHONE NUMBER:		

<b>NEW APPLICANT INFORMATION</b>			
26) WHO IS THE NEW PERMITTEE? (CHECK ONE):			
<input type="checkbox"/>	OWNER	<input type="checkbox"/>	OPERATOR
27) ALL CORRESPONDENCE SENT TO:			
<input type="checkbox"/>	OWNER	<input type="checkbox"/>	OPERATOR
<input type="checkbox"/>		<input type="checkbox"/>	SOURCE
28) ATTENTION NAME AND/OR TITLE FOR WRITTEN CORRESPONDENCE:			
29) TECHNICAL CONTACT FOR APPLICATION SUBMITTAL:			
30) TECHNICAL CONTACT PERSON'S TELEPHONE NUMBER:			
31a) FOR A CHANGE OF OWNERSHIP, ATTACH A COPY OF THE SIGNED, WRITTEN AGREEMENT CONTAINING A SPECIFIC DATE FOR TRANSFER OF PERMIT RESPONSIBILITY, COVERAGE, AND LIABILITY BETWEEN THE CURRENT AND NEW PERMITTEE. ATTACH AND LABEL AS EXHIBIT 272-1.			
b) PROVIDE THE SPECIFIC DATE FOR TRANSFER (MONTH/DAY/YEAR): _____ / _____ / _____			

<b>SIGNATURE BLOCK</b>	
NOTE: THIS CERTIFICATION MUST BE SIGNED BY A RESPONSIBLE OFFICIAL. APPLICATIONS WITHOUT A SIGNED CERTIFICATION WILL BE DEEMED INCOMPLETE.	
32) I CERTIFY UNDER PENALTY OF LAW THAT, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE.	
AUTHORIZED SIGNATURE:	
BY:	_____
AUTHORIZED SIGNATURE	TITLE OF SIGNATORY
_____	_____ / _____ / _____
TYPED OR PRINTED NAME OF SIGNATORY	DATE

**Note: The Illinois EPA may DENY the transfer of a permit(s) if any air pollution site fee owed by the applicant has not been paid within 60 days of the due date.**