



**AIR QUALITY DIVISION
PORTABLE SOURCE
NOTICE OF EQUIPMENT TRANSFER**

Notification needed 10 working days prior to TRANSFER via certified mail, in accordance with R18-2-324.D.

Company Information: Please fill in the following. Today _____ 's Date: _____

Company Name: _____ dba: _____

Mailing Address: _____ **City/State/ZIP:** _____

Physical Address (if different from mailing address): _____

Contact: _____ **Telephone:** _____ **Fax** _____

Mine/Plant/Quarry Name: _____

Present Location Address: _____

Present Location: (Nearest Town): _____ **County:** _____ **Zip:** _____ **Township:** _____

Range: _____

Section: _____

New Location Address: _____

New Location: (Nearest Town): _____ **County:** _____ **Zip:** _____ **Township:** _____

Range: _____

Section: _____

What utilities (electric, water, sewer, etc.) are available? _____

On-site Contact: _____ **Telephone:** _____ **Cell#:** _____

Driving Directions: _____

Transfer Date: _____ **Start-up Date:** _____

Equipment to be Transferred: Please list all equipment to be transferred. Please list additional equipment on page 2.

Permit Number	Equipment Number	Serial Number	ATO Number	Rental Equipment Yes/No	Description of Equipment & Name of Leaser if rented equipment
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	

