1. **Company**: Enter the legal name of the new company as it is registered with the State of Oregon Corporations Division and mailing address.

2. **Facility Location**: Enter the common name of the facility and address if different from the information provided in question 1. If the information is the same, enter "same".

   - Provide the location (i.e., the street address) for the facility. If the facility is not located on a street, provide other directional information such as nearby cross streets (i.e., northwest of Third Avenue at Howard Street). If the facility is located in an industrial park, provide the name and address of the park.
   - Provide the city name, county, and zip code. If the facility is located in an unincorporated area of a county, enter "unincorporated" and identify the nearest incorporated municipality.

3. **Site Contact Person:** Provide the following information about the individual who should be contacted regarding this permit application.

   - Enter the name of the individual
   - Enter the title of the individual.
   - Enter the area code and telephone number of the individual.

4. **Reason for Transfer:** Enter the reason for the transfer (e.g., sale, name change, merger, reorganization).

5. **Effective Date of the Change:** Enter the effective date of the change.

6. **Signatures:** Sign the form and submit it to LRAPA at 1010 Main St, Springfield, OR, 97477 along with a check payable to LRAPA for the total amount due. If this is a sale or merger, then the form must be signed by a representative of each business entity.

7. Fees and submittal instructions:

Submit the application along with the fees to the following email:

permitting@lrapa-or.gov

Call (541) 736-1056 with any questions.

FOR LRAPA USE ONLY	
Permit No.	Date Received
Application No.	Check No. Amount

1. Company	**2. Facility Location**
New Name:	Name:
Mailing Address:	Street Address:
City, State, Zip Code:	City, County, Zip Code:
Number of employees	
3. Site Contact Person	**4. Reason for Transfer**
Name:	
Title:	**5. Effective Date of Change**
Phone Number:	
Fax Number	
e-mail address	

6. Signatures:

I hereby apply for permission to discharge air contaminants in Lane County, Oregon, as stated or described in this application, and certify that the information contained in this application and the schedules and exhibits appended hereto, are true and correct to the best of my knowledge and belief.

FUTURE PERMIT HOLDER

Name of official (Printed or Typed)	Title of official and phone number
Signature of official	Date

CURRENT PERMIT HOLDER:

Name of official (Printed or Typed)	Title of official and phone number
Signature of official	Date

7. Fee Information: (Make the check payable to LRAPA)
Non-technical permit modification (LRAPA Title 37, Table 2)

8. Where to send the application: Submit the completed application along with the fees to

permitting@lrapa-or.gov