



State of Oregon Department of Environmental Quality  
**Transfer Application**  
Form AQ103  
Instructions

## Instructions

1. **Company:** Enter the legal name of the new company as it is registered with the State of Oregon Corporations Division and mailing address. Also enter the number of employees for the corporation.
2. **Facility Location:** Enter the common name of the facility and address if different from the information provided in question 1. If the common name 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.
  - Provide the number of employees that work at the facility location.
3. **Reason for Transfer:** Enter the reason for the transfer (e.g., sale, name change, merger, reorganization).
4. **Effective Date of the Change:** Enter the effective date of the change.
5. **Signatures:** Sign the form and submit it to Oregon Dept. of Environmental Quality, Financial Services - Revenue Section 700 NE Multnomah St., Suite 600 Portland, OR, 97232-4100 along with a check payable to the DEQ 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.
6. **Fee information:** (Note: a portion of the AQ fee will be used to pay the UST fee for all Gas Stations) Gas Stations also complete form [To Modify Tank Owner, Permittee or Property Owner Information Only](#).
7. **Submit the application along with the fees to the following address:**  
(Please write the source number on the check.)

Oregon Dept. of Environmental Quality  
Financial Services - Revenue Section  
700 NE Multnomah St., Suite 600  
Portland, OR 97232-4100

# Transfer Application

For DEQ Use Only	
Permit number:	Date received:
Application No.	Regional office:
Check No.	Amount \$

1. Company	2. Facility Location
Legal Name:	Name:
Mailing Address:	Street Address:
City, State, Zip Code:	City, County, Zip Code:
Number of employees (corporate):	Number of employees (facility):

**3. Reason for Transfer:**

**4. Effective Date of Change:**

**5. Signatures:**

I hereby apply for permission to discharge air contaminants in the State of 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.	
<b>Future Permit Holder</b>	
_____ Name of official (Printed or Typed)	_____ Title of official and phone number
_____ Signature of official	_____ Date
<b>Current Permit Holder</b>	
_____ Name of official (Printed or Typed)	_____ Title of official and phone number
_____ Signature of official	_____ Date

**6. Fee Information:** (Make the check payable to DEQ)  
 Non-technical permit modification (OAR 340-216-8020, Table 2, Part 4): \$432.00

**7. Where to send the application:** Submit two copies of the completed application along with the fees to:  
 Oregon Dept. of Environmental Quality  
 Financial Services - Revenue Section  
 700 NE Multnomah St., Suite 600, Portland, OR 97232-4100.

# Transfer Application

**1. Company Information:**

Legal Name:	Other company name (if different from legal name):
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**2. Site Contact Person: (A person who deals with DEQ staff about equipment problems.)**

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

**3. Facility Contact Person: (If other than the site contact person, a person involved with all environmental issues at the facility although they may be housed at a different site.)**

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

**4. Mailing Contact Person: (If other than the site contact person, a person to whom the company would like all agency communications directed.)**

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

**5. Invoice Contact Person: (If other than the site contact person, a contact to which invoices and communications related to resolving invoice questions can be directed.)**

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	