



**Change of Contact Information Form –  
 for Authority to Construct or Permits to Operate**

**Christopher D. Brown AICP  
 Air Pollution Control Officer**

**DIRECTIONS:** Please complete this form to modify the facility name or contact information associated with your permit application or an existing permit.

**Please note that this form cannot be used for a transfer of ownership.**

**SECTION I COMPANY / OWNERSHIP INFORMATION**

FRAQMD PERMIT or APPLICATION #:											
COMPANY NAME (as it will appear on the permit):											
COMPANY CONTACT:						TITLE:					
PHONE:				FAX:				E-MAIL:			

**SECTION II FACILITY INFORMATION**

FACILITY NAME (if different than Company Name):											
FACILITY LOCATION / ADDRESS:											
CITY:				STATE:				ZIP CODE:			
ON-SITE CONTACT:						TITLE:					
PHONE:				FAX:				E-MAIL:			

**SECTION III PERMIT TO OPERATE MAILING / BILLING INFORMATION**

NOTE: THIS IS WHERE ALL ANNUAL RENEWAL INVOICES AND PERMIT RENEWALS WILL BE MAILED TO											
MAILING NAME:											
MAILING ADDRESS:											
CITY:				STATE:				ZIP CODE:			
MAILING CONTACT:						TITLE:					
PHONE:				FAX:				E-MAIL:			

**SECTION IV APPLICANT CERTIFICATION STATEMENT**

I certify under penalty of perjury under the laws of the State of California, based on information and belief formed after reasonable inquiry, that the information contained in this application, is true, accurate, and complete, and that I am the responsible official.

RESPONSIBLE OFFICIAL SIGNATURE: \_\_\_\_\_

NAME (PRINTED): \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_