

New Jersey Department of Environmental Protection  
Air Quality Permitting Program

**Non Technical Amendment Application Form For Non-Major Facilities**

This form is to be used only for subchapter 8.21 amendments. (Do not use for Subchapter 22 Amendments)

**Amendment Types:**

- |  |  |
|--|--|
| <input type="checkbox"/> Change in Company Name            | <input type="checkbox"/> Change in Plant Name                |
| <input type="checkbox"/> Change in Company Mailing Address | <input type="checkbox"/> Correction to Plant Address         |
| <input type="checkbox"/> Change in Division Name           | <input type="checkbox"/> Change in Plant Contact Information |
| <input type="checkbox"/> Transfer of Ownership             |  |

**Fee - \$120 per application not per amendment type**

**Send Completed Application to:**

Mail Code: 401 - 02  
Department of Environmental Protection  
Air Quality Program  
PO Box 420  
Trenton, New Jersey 08625-0420

**Facility ID No.** \_\_\_\_\_

New Facility Name:	_____		
New Mailing Address:	No.	Street	County
	City	State	Zip
New Division and/or Plant Name:	_____		

**Transfer of Ownership:**

1. Previous Business Name: \_\_\_\_\_
2. Date Transfer of Ownership Occurred: \_\_\_\_\_  
MM / DD / YR
3. Supply activity numbers to be transferred if you are **not transferring** the entire facility. Attach list if necessary.


As an authorized officer of the **PREVIOUS BUSINESS**, I release the ownership of the aforementioned air permits.

4. Signature of Previous Responsible Official (if possible): \_\_\_\_\_

5. Name of Previous Responsible Official (Print or Type): \_\_\_\_\_

Title: \_\_\_\_\_

**FACILITY CONTACT AND COMPANY INFORMATION**

**Contact Types :**

Responsible Official (**Required**)

Air Permit Information Contact - Individual with Direct Knowledge of Air Permit (**Required**)

Fee/Billing Contact – Person Responsible for Receiving Invoices (**Required**)

Consultant (Optional)

Attach Additional Sheets if Submitting Additional Contact Types

**Contact Type Information**

**Contact's Company Information**

Contact Type: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

NJ Tax No. (EIN): \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Organization Type<sup>1</sup>: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Type: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

NJ Tax No. (EIN): \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Organization Type<sup>1</sup>: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Type: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

NJ Tax No. (EIN): \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Organization Type<sup>1</sup>: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I certify under penalty of law that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information. Failure to provide accurate information will make this transaction null and void. As the operator of the transferred air permit(s), I agree to comply with all of the conditions and compliance plans set forth in each air permit transferred.

Signature of Responsible Official: \_\_\_\_\_

Name of Responsible Official (Print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Organization Type: Select one: Corporation, Commercial/Industry, Individually Owned, Partnership, Private, Public, Municipal, County, Federal, State or Utility