



# California Regional Water Quality Control Board

## Los Angeles Region



**Linda S. Adams**  
Acting Secretary for  
Environmental Protection

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**Edmund G. Brown Jr.**  
Governor

### NPDES PERMIT TRANSFER REQUEST FORM

NPDES Permit No. \_\_\_\_\_ CI No. \_\_\_\_\_

Facility Location: \_\_\_\_\_  
Street Address City Zip

I hereby request the transfer of the above-referenced NPDES permit, including the transfer of responsibility, coverage, and liability for such permit, in accordance with the following:

**TRANSFER FROM:**

**TRANSFER TO:**

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
New Facility Name

\_\_\_\_\_  
Owner

\_\_\_\_\_  
New Owner

\_\_\_\_\_  
Operator

\_\_\_\_\_  
New Operator

**TRANSFER EFFECTIVE DATE:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Former Owner/Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Former Owner/Authorized Representative

\_\_\_\_\_  
Date

I understand that I am responsible for compliance with the above-referenced NPDES permit. I certify that:

1. I have reviewed the NPDES permit;
2. The facility construction and nature/amount of discharges from the facility have not substantially changed; and
3. I will notify the Board of any material change in the facility and/or of the discharge, or any future change in the facility owner or operator.

\_\_\_\_\_  
Signature of New Owner/Authorized Representative

\_\_\_\_\_  
Company name, if appropriate

\_\_\_\_\_  
Name of New Owner/Authorized Representative

\_\_\_\_\_  
Telephone No. Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

Mailing Address: \_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Name of Facility Contact Person

\_\_\_\_\_  
Telephone No. Email

Contact Person Mailing Address: \_\_\_\_\_  
Street Address City State Zip

