



Los Angeles Regional Water Quality Control Board

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 pliability for such permit, in accordance with the following:	permit, including the transfe	er of responsibility, coverage, and	
TRANSFER FROM:	TRANSFER TO:	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 abo	ove-referenced NPDES perm	nit. I certify that:	
 I have reviewed the NPDES permit; The facility construction and nature/amount of discharge: I will notify the Board of any material change in the facil 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 Ci	ty	State Zip	
Name of Facility Contact Person	Telephone No.	Email	
Facility Contact Mailing Address:			
Street Address Form No. R4-WRS #1	City	State Zip	