



5101 NE 82nd Ave., Suite 102, Vancouver, WA 98662
Phone: (360) 574-3058
www.swcleanair.gov Hours: 7:00 AM to 5:30 PM, Mon-Fri

NAME or OWNERSHIP CHANGE NOTIFICATION

(Please Print Legibly)

SWCAA Use Only

SWCAA ID:

New Facility Name:		Previous Facility Name:			
New Facility Owner:		Previous Facility Owner:			
Facility Physical Address:					
Facility Mailing Address:					
Phone No.:		Fax No.:		UBI No.:	
Nature of Business:					

Contact Information

Physical (On-Site) Contact

General Mailing Contact

Name:		Name:	
Title:		Title:	
Phone No.:		Phone No.:	
E-mail:		E-mail:	
Address (if different):		Address (if different):	
Also use this contact for: <input type="checkbox"/> Parent Company <input type="checkbox"/> Billing <input type="checkbox"/> Inspection <input type="checkbox"/> Emission Inventory <input type="checkbox"/> Testing <input type="checkbox"/> Gasoline <input type="checkbox"/> Permitting <input type="checkbox"/> Compliance		Also use this contact for: <input type="checkbox"/> Parent Company <input type="checkbox"/> Billing <input type="checkbox"/> Inspection <input type="checkbox"/> Emission Inventory <input type="checkbox"/> Testing <input type="checkbox"/> Gasoline <input type="checkbox"/> Permitting <input type="checkbox"/> Compliance	

Use the next page for any of the applicable contacts *not checked* or *listed* above.

Certification Statement: I am an authorized representative of the facility listed above and the provided information is, to the best of my knowledge, accurate and complete.

Signature

Printed Name

Date

Additional Contact Information

Enter information for any applicable contact listed below.

Parent Company Contact

Name:		Name:	
Title:		Title:	
Phone No.:		Phone No.:	
E-mail:		E-mail:	
Address (if different):		Address (if different):	

Billing Contact

Inspection Contact

Name:		Name:	
Title:		Title:	
Phone No.:		Phone No.:	
E-mail:		E-mail:	
Address (if different):		Address (if different):	

Emission Inventory Contact

Emission Testing Contact

Name:		Name:	
Title:		Title:	
Phone No.:		Phone No.:	
E-mail:		E-mail:	
Address (if different):		Address (if different):	

Gasoline Dispensing Contact

Permitting Contact

Name:		Name:	
Title:		Title:	
Phone No.:		Phone No.:	
E-mail:		E-mail:	
Address (if different):		Address (if different):	

Compliance Contact