

Nevada Division of Environmental Protection Bureau of Water Pollution Control

Permits Branch 901 S. Stewart St Ste 4001 Carson City Nevada 89701 Ph: 775-687-9418

Notice to Transfer Permit / Change of Ownership

A copy of <u>this notice</u> between the two entities must be submitted to the Division along with a completed <u>Name/Address General Update Form</u> before this request may be processed. Until the director approves the transfer of a permit, the owner or operator indicated in the most current permit is responsible for complying with NAC 445A.070 to 445A.340, inclusive and all permit conditions.

	Permit No.:	Facility Name:	
	Facility Location	(County, City):	
	Requested Effec	ive Date of Transfer:	on Attached
Cu	ırrent Perm	ttee:	
	Company:		
	Address:		
	Email:		
		tion of the sale or legal transfer of this facility or activity under NAC 445A.263. Further proposed permittee in the event the Division agrees to the transfer of permit.	ner, I agree to assign my
	*Signed:	Date:	
	Name and Officia	Title:	
		(Please type or print)	
	* Must be an au	orized signatory as per NAC 445A.231.	
Ne	w Permitte	<u>:</u>	
	Company:	Contact Person:	
	Address:		
	Telephone:	Email:	
	*Fed Tax ID No.		
		x ID number is necessary in the event of any error in monetary transactions, i.e., refund or reimbursement D is not a Social Security Number.)	, from the State of
stat mor was	e I am familiar wit nitoring reports. I a issued. I also agre	miliar with the Nevada Water Pollution Control Regulations, NAC 445A.070 - 445A.34 the permit, and I agree to comply with its terms and conditions, including the requiree to assume the rights and liabilities contained in the permit, and the statutes an to promptly notify the Division of Environmental Protection of any future change in cility or activity.	irement to submit routine d rules under which it
	*Signed:	Date:	
	Name and Officia		
	* Must be an au	(Please type or print) porized signatory as per NAC 445A.231.	
	Transfer of Per	nit approved by the Division on this Date:	
	Ву:	Title:	

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