



Change of Ownership / Operator Notification

3104 E. Augusta Ave., Spokane, WA 99207-5384 / www.SpokaneCleanAir.org / 509-477-4727 / fax 509-477-6828

Complete and sign this form and return it to Spokane Clean Air within 90 days of change of ownership / operator (WAC 173-400-101(6) and SRCAA Regulation I, Article IV). Failure to notify Spokane Clean Air of an ownership / operator change within 90 days may result in the issuance of a Notice of Violation, which may be followed by the assessment of a civil penalty.

Facility Information

Source / Facility Physical Address: _____
Date Ownership / Operator Transferred: _____
LCB (cannabis) License Number, if applicable: _____

New Owner Information

Owner Name: _____
Legal Business Name: _____
Doing Business As (dba): _____
Mailing Address: _____
Phone Number: _____
E-mail: _____

New Operator Information (Complete only if operator information is different than owner.)

Operator Name: _____
Legal Business Name: _____
Doing Business As (dba): _____
Mailing Address: _____
Phone Number: _____
E-mail: _____

Previous Owner Information

Owner Name: _____
Legal Business Name: _____
Doing Business As (dba): _____
Mailing Address: _____
Phone Number: _____
E-mail: _____

New Owner or Operator Signature

- I have received and reviewed a copy of all SRCAA Approval Orders and exemptions issued to the above operation (if applicable) and agree to be bound by their terms and conditions.
- I understand that as the new owner/operator of the above facility, I am responsible for meeting all federal, state, and local air quality regulations, including complying with any Approval Orders and exemptions issued for the facility. Further, I understand that any liability for fee payment, including payment of delinquent fees and other penalties, shall survive any transfer of ownership pursuant to SRCAA Regulation I, Article IV.

Print Name: _____ Title: _____

Signature: _____ Date: _____