Kentucky Department for Environmental Protection Division of Waste Management Solid Waste Branch 300 Sower Boulevard, Second Floor, Frankfort KY 40601 (502) 564-6716 **Application to Transfer CCR Unit Permit**	*FOR OFFICIAL USE ONLY.* *DO NOT WRITE IN THIS SPACE*

1. Agency Interest Number			
2. Submittal Date of Application	Date: / /		
3. Date of Transfer of Ownership	Date: / /		
4. Current CCR Unit Permit Owner Information			
Company Name:		Mailing Address:	
City:	State:	Zip Code:	Email Address:
Contact Person:	Title:		Phone Number: ( ) -
5. CCR Unit Information			
Facility Name:		Physical Address:	
City:	County:	State:	Zip Code:
6. New CCR Unit Permit Owner Information			
Company Name:		Mailing Address:	
City:	State:	Zip Code:	Email Address:
Contact Person:	Title:		Phone Number: ( ) -
7. Legal Organizational Structure of New CCR Unit Permit Owner			
☐ Proprietorship	☐ Corporation		☐ Government Agency
☐ Joint Venture	☐ Limited Liability Corporation		☐ LLC
☐ General Partnership	☐ Limited Partnership		☐ Other. Describe:
8. Registration Information			
Registered with Kentucky Secretary of State? ☐ Yes ☐ No			
Registered Process Agent:		Address:	
City:	State:	Zip Code:	Email Address:
Phone Number: ( ) -		Fax Number: ( ) -	
9. Reason for Transfer			
☐ Facility Name Change	☐ Change in Ownership		☐ Other. Describe:
10. Attachments			
The beginning of each attachment shall be clearly identified (i.e. cover page) and include a brief introductory narrative. Provide the Attachment # in the left column.			
Attachment #:	☐ Provide an affidavit signed by the current CCR Unit Permit Owner stating ownership or control of the facility is being transferred to another entity. The affidavit shall contain the name, address, and telephone number of the entity that is to become the new owner of the permit.		
Attachment #:	☐ Provide an affidavit signed by the new CCR Unit that agrees to comply with all laws and regulations applicable to the ownership, operation, and management of the CCR Unit.		
11. Certification			

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that KRS 224.99-010 provides for penalties."	
Name of CCR Unit:	
Name of CCR Unit Signatory *(Type or print):*	Title/Position:
Signature:	Date: / /
Subscribed and sworn to before me by:	
Notary public signature:	My commission expires: / /

IMPORTANT NOTE: *All information submitted on this form will be subject to public disclosure to the extent provided by Kentucky law. Persons filing this form may make claims of confidentiality in accordance with 400 KAR 1:060.*