

Kentucky Department for Environmental Protection  
 Division of Waste Management  
 Solid Waste Branch  
 300 Sower Boulevard, Second Floor  
 Frankfort, KY 40601  
 (502) 564-6716

**FOR OFFICIAL USE  
 ONLY. DO NOT WRITE IN  
 THIS SPACE**

### Merchant Electric Generating Facility (MEGF) Notice of Ownership Transfer

<b>1. Agency Interest Number:</b>			
<b>2. Public Service Commission (PSC) Case No.:</b>			
<b>3. Submittal Date of Notice:</b>	Date:    /    /		
<b>4. Date of Transfer of Ownership</b>	Date:    /    /		
<b>5. Current MEGF Owner-Operator Information</b>			
Company Name:		Mailing Address:	
City:	State:	Zip Code:	
Contact Person:		Title:	
Email Address:	Phone Number: (    ) -	Cell Number: (    ) -	
<b>6. MEGF Information</b>			
Facility Name:		Physical Address:	
City:	State:	Zip Code:	
<b>7. New MEGF Owner-Operator Information</b>			
Company Name:		Mailing Address:	
City:	State:	Zip Code:	
Contact Person:		Title:	
Email Address:	Phone Number: (    ) -	Cell Number: (    ) -	
<b>8. Legal Organizational Structure of New MEGF Owner-Operator</b>			
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> General Partnership	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Government agency	<input type="checkbox"/> LLC	<input type="checkbox"/> Other. Describe:	
Registered with Kentucky Secretary of State?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registered process agent:		Address:	
City:	State:	Zip Code:	
Email Address:	Phone Number: (    ) -	Fax Number: (    ) -	
<b>9. Attachments</b>			
<b>Attachment 1.</b> Provide a copy of the complete construction certificate associated with PSC Case Number listed above being transferred.			
<b>Attachment 2.</b> Provide an affidavit signed by the current MEGF stating ownership 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 facility.			
<b>Attachment 3.</b> Provide the financial assurance mechanisms executed by the applicant to satisfy the requirements of 401 KAR 103:030.			

<b>Attachment 4.</b> Provide an affidavit signed by the new MEGF that:		
a. Acknowledges the contents of the construction certificate associated with PSC Case Number being transferred.		
b. Agrees to comply with all laws and regulations applicable to the ownership, operation, and management of the MEGF.		
c. Agrees to comply with all provisions of the construction certificate associated with PSC Case Number being transferred, pursuant to KRS 278.710.		
<b>10. Property Owner / Lessor Information (Duplicate if necessary)</b>		
1. Owner / Lessor Name:		Mailing Address:
City:	State:	Zip Code:
Email Address:	Phone Number: (    )    -	Cell Number: (    )    -
2. Owner / Lessor Name:		Mailing Address:
City:	State:	Zip Code:
Email Address:	Phone Number: (    )    -	Cell Number: (    )    -
3. Owner / Lessor Name:		Mailing Address:
City:	State:	Zip Code:
Email Address:	Phone Number: (    )    -	Cell Number: (    )    -
4. Owner / Lessor Name:		Mailing Address:
City:	State:	Zip Code:
Email Address:	Phone Number: (    )    -	Cell Number: (    )    -
<b>11. Certify the following have been notified of the transfer of ownership per KRS 278.710 (3) (d)</b>		
Property Owners / Lessors: <input type="checkbox"/> Yes	County Judge Executive: <input type="checkbox"/> Yes (if applicable)	Mayor: <input type="checkbox"/> Yes (if applicable)
<b>12. Financial Assurance</b>		
Note – All financial instruments and performance agreements must be executed pursuant to KRS 278.706 and 278.710. If the MEGF executes multiple financial instruments for the facility, each instrument must have a separate corresponding performance agreement. Replacement financial assurance and performance agreements have been submitted so there is no lapse in coverage in order to avoid enforcement penalties per KRS 224.99-010.		
Date of Issuance:	Surety Bond Number:	Escrow Agreement Number:
This financial assurance is:	<input type="checkbox"/> New	<input type="checkbox"/> Assumed from prior owner
<b>13. Assumption of Decommissioning Plan</b>		
The MEGF consents to assume the most recent Decommissioning Plan as previously accepted by PSC and/or the Division: <input type="checkbox"/> Yes		
<b>14. Certification</b>		
“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 MEGF:		
Name of MEGF Signatory:	Signature:	
Title:	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.