



**AIR QUALITY DIVISION
GENERAL PERMIT - PORTABLE SOURCE
NOTICE OF EQUIPMENT TRANSFER (MOVE NOTICE)**

Company Information: Please fill in the following.

Today's Date: _____

Company Name: _____ dba: _____

Mailing Address: _____ City/State/ZIP: _____

Physical Address (if different from mailing address): _____

Contact: _____ Telephone: _____ Fax _____

Mine/Plant/Quarry Name: _____

Present Location Address: _____

Present Location: (Nearest Town): _____ County: _____ Zip: _____ Township: _____

Range: _____

Section: _____

New Location Address: _____

New Location: (Nearest Town): _____ County: _____ Zip: _____ Township: _____

Range: _____

Section: _____

What utilities (electric, water, sewer, etc.) are available? _____

On-site Contact: _____ Telephone: _____ Cell#: _____

Driving Directions: _____

Transfer Date: _____ Start-up Date: _____

REQUIRED:

Notification for individual permits is required 10 working days prior to the transfer, via certified mail, in accordance with R18-2-324.D.

REQUIRED:

Notification for general permits is required prior to the transfer in accordance with R18-2-513.G.

Attach a complete list of all equipment that will be located at the new location in accordance with R18-2-513.G.6.

Attach revised emissions calculations demonstrating that the equipment at the new location continues to qualify for the general permit in accordance with R18-2-513.G.7. (Emissions calculation worksheets can be found on ADEQ website

<http://azdeg.gov/function/forms>

Equipment to be Transferred: Please list all equipment to be transferred. Please list additional equipment on page 2.

Permit Number	Equipment Number	Serial Number	ATO Number	Rental Equipment Yes/No	Description of Equipment & Name of Leaser if rented equipment
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	

Permit Number	Equipment Number	Serial Number	ATO Number	Rental Equipment Yes/No	Description of Equipment
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	

OPTIONAL:

1. **Notice of STOP:** STOP Stop Date _____

2. **Type of Facility:**

Open Pit Underground Mill Quarry Hot Plant Smelter Aggregate Plant Batch Plant
 Soil Vapor Extraction Other _____ **Superfund Site: Yes / No**

3. **All Agencies That Were Notified:** Please check all agencies that were notified of the transfer. Please note, if state-permitted equipment is to TRANSFER to either Maricopa, Pima, or Pinal County, the County Agency must also be notified.

- | | |
|---|---|
| <input type="checkbox"/> Arizona State Mine Inspector
1700 W. Washington, Suite. 403, Phoenix, AZ 85007
(602) 542-5971 | <input type="checkbox"/> Pima County Department of Environmental Quality (Air Quality)
33 N. Stone Ave. Suite 700, Tucson, AZ 85701
(520) 724-7400 Fax: (520) 838-7432 |
| <input type="checkbox"/> Arizona Department of Environmental Quality (Air Quality)
1110 W. Washington St., MC 3415A-3 Phoenix, AZ 85007
(602) 771-2301 Fax: (602) 771-2299 | <input type="checkbox"/> Pinal County Air Quality Control District
P.O. Box 987, Florence, AZ 85132
(520) 866-6929 Fax: (520) 866-6967 |
| <input type="checkbox"/> Maricopa County Air Quality Department
1001 N. Central Ave., Suite 125, Phoenix, AZ 85004
(602) 506-6010 Fax: (602) 372-0587 | <input type="checkbox"/> Other: _____ |

4. **Mine Inspector Data:** Please fill in the Following (If applicable).

Entry Date: _____ Pin #: _____ State ID#: _____ MSHA ID#: _____
Name of Primary Official: _____ Name of Designated Safety Official: _____
No. of Employees (Including On-Site Office Staff): _____ Principal Product: _____
If your Operation will be using hazardous materials (eg. Cyanide, Acid, Etc.) please list: _____