

**FORM CN100
REQUEST TO CHANGE COMPANY NAME (NOT CHANGE OF OWNERSHIP)**

USE THIS FORM TO UPDATE PERMIT(S) TO OPERATE WHEN A COMPANY NAME CHANGE HAS OCCURRED DUE TO AN ACTION OTHER THAN A CHANGE OF OWNERSHIP

- A. Both pages of form CN100 must be completed; an original signature (not a facsimile or copy) is required.
B. The appropriate filing fee must be submitted with the request (Please refer to SMAQMD Rule 301, Section 307.2. <http://www.airquality.org/rules/rule301.pdf>)

1. Company Name As Currently Shown on Permit(s): _____

2. New Company Name: _____

3. Date of Name Change: _____

4. Did the Employer Identification Number (E.I.N.) for the company change? Yes No

If "Yes", please provide:

E.I.N. Before Company Name Change _____

E.I.N. After Company Name Change _____

Note: A change in E.I.N. typically indicates a change in ownership. If the two E.I.N. are not the same, please submit additional information supporting the claim that this is the same company operating under a different name and not a transfer of a permit from one company to another.

5. Number of Employees: _____ 4. NAICS Classification No.: _____

6. Does this business (including its affiliates) have annual receipts in excess of \$750,000? Yes No

7. Mailing address (if different from previous):

NUMBER STREET CITY STATE ZIP CODE PHONE NO.

8. The request to change company name applies to (select one of the options below):

All Permits Under Company No.: _____ or

All Permits Under Facility No.: _____ or

The Following Permits: _____

DO NOT WRITE BELOW (SMAQMD USE ONLY)

DATE STAMP

CHANGE OF NAME FEE:

RECEIPT NO.:

REQUEST TO CHANGE COMPANY NAME (NOT CHANGE OF OWNERSHIP)

9. Is this request to change company name being submitted in response to a Notice of Violation (NOV) or Notice to Correct (NTC) issued by the SMAQMD?

Yes No If Yes, NOV or NTC #: _____

10. California Health and Safety Code, Section 42303.5 states that *No person shall knowingly make any false statements in any application for a permit, or in any information, plans, or specifications submitted in conjunction with the application or at the request of the Air Pollution Control Officer.* Violations of the California Health and Safety Code may result in criminal or civil penalties, as specified in California Health and Safety Code, Sections 42400 through 42402.3. By signing below, I certify that all information is true and accurate and complete, to the best of my knowledge and ability.

Signature of responsible officer, partner or proprietor of firm _____

Printed Name: _____ Title: _____ Date: _____

Phone number: _____ Fax number: _____

E-mail address: _____

11. Contact person for information submitted with this request (if different from above):

Name: _____ Title: _____

Phone number: _____ Fax number: _____ E-mail address: _____

12. Receipt of future rules and planning notices affecting your permit(s) and facility; check one box:

- Please send e-mail notices to _____
- I will sign up myself at www.airquality.org/listserve/ to receive e-mailed notices.
- I want the District to mail notices to the address on this application.
- I am already subscribed.