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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | RP-05  Registration permit administrative changes  Air Quality Permit Program  Doc Type: Permit Application |

Use this document to identify administrative changes that have occurred or will occur at a facility holding a registration permit and that require a permit action under Minn. R. 7007.1110, subp. 15.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Facility name: | |  | | | | | |
| Facility permit number: | | |  | Number of full time employees: | | |  |
| Who can we call if we have questions about the information entered on this document? | | | | | | | |
| Name: |  | | | | Phone: |  | |

**Note:** Once the e-service is available, registration permit holders can electronically apply for an administrative change to their permit. To use this service, go to the MPCA's e-Services website at <https://www.pca.state.mn.us/data/e-services>. At some point, permit holders will be required to use e-Services for administrative permit changes. After that, paper change requests submitted will be denied. Check the MPCA website for the current status.

Check all that apply:

Change in facility name.

Change in facility ownership or control – You **must** include all information listed in Minn. R. 7007.1400, subp. 1.E. (a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittee).

Change in owner’s or operator’s name.

**The three options above require a permit action.**

Change in facility location -- this option may require a permit action.

**Do not use this form if** you only need to change the general contact information for your facility (e.g., contact or billing name, phone number, email, etc.). Changing this information does not require a permit action, but you do need to notify the Minnesota Pollution Control Agency (MPCA) so that we have current information for your facility. Do not use this form, but instead submit a letter to the MPCA’s Air Quality Permit Document Coordinator, IND/AQP, explaining the changed information.

Complete items 1-8 with the new information that should be put on record for the facility.

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| **1)** **Facility name:** |  | | | | | | | | | | | | | | | |
| **2)** **Facility location:** (If the facility is located within the city limits of Minneapolis, provide a map showing the exact location.) | | | | | | | | | | | | | | | | |
| Street address: | |  | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |
| City: | |  | | MN | County: | | | |  | | | | Zip code: | | |  |
| Mailing address: | |  | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |
| City: | |  | | | | State: | |  | | | | Zip code: | | |  | |
| **3)** **Corporate/Company Owner** | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | |
| Mailing address: | |  | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |
| City: | |  | | | | State: | |  | | | | Zip code: | | | |  |
| Owner Classification:  Private  Local Govt.  State Govt.  Federal Govt.  Utility | | | | | | | | | | | | | | | | |
| Legally responsible official | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | Phone: |  | | | | | |
| Title: | |  | | | | | | | | Fax: |  | | | | | |
| Mailing Address: | |  | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |
| City: | |  | | | | | State: | |  | | | | Zip code: |  | | |
| Email address: | |  | | | | | | | | | | | | | | |
| Indicate ownership interest in percent: | | |  | | | | | | | | | | | | | |

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| **4)** **Corporate/Company Operator** (if different than owner) | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | |
| Mailing address: | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| City: |  | | | State: | |  | | | | Zip code: | |  |
| Legally responsible official | | | | | | | | | | | | |
| Name: |  | | | | | | Phone: |  | | | | |
| Title: |  | | | | | | Fax: |  | | | | |
| Mailing Address: |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| City: |  | | | State: |  | | | | Zip code: | |  | |
| Email address: |  | | | | | | | | | | | |
| Indicate ownership interest in percent: | | |  | | | | | | | | | |

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| **5)** **Additional Corporate/Company owner or operator** (if applicable) | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | |
| Mailing address: | |  | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
| City: |  | | | | State: | |  | | | Zip code: | | |  |
| Legally responsible official: | | | | | | | | | | | | | |
| Name: |  | | | | | | | Phone: |  | | | | |
| Title: |  | | | | | | | Fax: |  | | | | |
| Mailing Address: |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| City: |  | | | State: | |  | | | | | Zip code: |  | |
| Email address: |  | | | | | | | | | | | | |
| Indicate ownership interest in percent: | | |  | | | | | | | | | | |

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| **6)** **Does the facility have more Corporate/Company owners and/or operators?**  Yes  No  If yes, attach additional sheets with the information indicated in item 5 for each owner and/or operator not listed above. |

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| **7)** **Facility contact person for this permit:** | | | | | | | | |
| Name: | |  | | | Phone: |  | | |
| Title: | |  | | | Fax: |  | | |
| Organization: | |  | | | | | | |
| Mailing Address: | |  | | | | | | |
|  | |  | | | | | | |
| City: | |  | State: |  | | | Zip code: |  |
|  | Email address: |  | | | | | | |

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| **8)** **All billings for annual fees should be addressed to:** | | | | | | | | |
| Name: | |  | | | Phone: |  | | |
| Title: | |  | | | Fax: |  | | |
| Organization | |  | | | | | | |
| Mailing Address: | |  | | | | | | |
|  | |  | | | | | | |
| City: | |  | State: |  | | | Zip code: |  |
|  | Email address: |  | | | | | | |

Complete item 9 if this includes a change in ownership and/or operational control:

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| **9) Certification** – The legally responsible official for each owner and, if applicable, operator must certify this change. If you have more than one owner and/or operator, attach additional sheets with the certification and signatures for each additional owner and/ or operator: | | | | | |
| I am applying for change of ownership/operational control. I certify that the new owners/operators will comply with the terms of the existing permit. I further certify that the owners and operator identified in this form are all of the owners and operators of the permitted facility. Person certifying this permit application: | | | | | |
| Name: |  | | Phone: |  | |
| Title: |  | | Fax: |  | |
| Signature: |  | | Date (mm/dd/yyyy): | |  |
| Date transfer of ownership will occur: | |  | | | |

Complete item 10 only if this includes a change in facility location:

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| **10)** Facility relocation. |
| Facility is a portable plant and will be relocated to a location authorized by the existing permit. Notify the MPCA each time the facility changes location by submitting Form RE-01, Relocation Notification. It is not necessary to submit this form (Form RP-05) when relocating a portable plant to a location authorized by the existing permit. |
| Facility is not a portable plant and will be relocated at the address shown in item 2. The following conditions apply: |
| If all of the following conditions A-D are met:  (A) the new location is classified as attainment with respect to all National Ambient Air Quality Standards;  (B) the need for air dispersion modeling is not triggered;  (C) the facility will continue to qualify for the same registration permit as is currently held; and  (D) the facility will not operate in both the existing and new locations at the same time for any period of time.  Then a new registration permit can be issued for the new location. Such an issuance voids and supersedes the registration permit for the previous location. As required by Minn. R. 7007.1110, subp. 15a, **you must submit a request for the change of location on the form provided by the commissioner and you must notify the MPCA prior to relocation, giving the exact location of the new operation.**  If **any** of the four criteria (A)-(D) listed above are not met, you must apply for a new permit before moving to a different location. The permit at the previous location should be voided using the *Notice of termination* e-Service, available at <https://www.pca.state.mn.us/data/e-services>. |

Copies of the forms mentioned in this document are available on the MPCA website at <http://www.pca.state.mn.us/air/permits/forms.html>.

Minnesota Rules can be found at: <https://www.revisor.mn.gov/rules/agency/167>.

If any of the above administrative changes requiring a permit action have been made, return this form and Form SCP-01 to:

Fiscal Services – 6th floor

Minnesota Pollution Control Agency

520 Lafayette Road North

St. Paul, MN 55155

***If none of the above administrative changes have been made, please do not return this document.*** If you need to change the general contact information for your facility (e.g., contact or billing name, phone number, email, etc.), this does not require a permit action. but you do need to notify the MPCA so that we have current information for your facility. Do not use this form, but instead submit a letter to the MPCA’s Air Quality Permit Document Coordinator, IND/AQP, explaining the changed information.

The MPCA appreciates your efforts in providing up-to-date information about your facility. If you have any questions, please feel free to contact the MPCA at 651-296-6300 or 800-657-3864.