



**Connecticut Department of  
Energy & Environmental Protection**

## License Transfer Form

Please complete and submit this form and the appropriate non-refundable transfer fee(s), in accordance with the [instructions](#), to the CT Department of Energy and Environmental Protection, Central Permit Processing Unit, 79 Elm Street, Hartford, CT 06106-5127. DEEP will notify both the proposed transferee and the licensee of the approval or disapproval of the registration. Print or type unless otherwise noted.

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
	_____

### Part I: License Type and Fee Information

License Type: (check all that apply)	No. of licenses	Transfer Fee for each license	Fee Subtotal
<input type="checkbox"/> <b>*Air Emissions</b> <input type="checkbox"/> NSR Permit, GPLPE Approval, and/or Registration pursuant to the former RCSA section 22a-174-2		\$940.00	
<input type="checkbox"/> Title IV <b>and</b> Request for Title IV Revision		\$940.00	
<b>App#:</b>			
<input type="checkbox"/> Title V <b>and</b> Request for Title V Revision		\$940.00	
<b>App#:</b>			
<input type="checkbox"/> <b>Aquifer Protection Area Program</b>		\$750.00	
<input type="checkbox"/> <b>*Inland Water Resources:</b> Water Diversion, Flood Management, Inland Wetlands and Watercourses, Dam Safety, Stream Channel Encroachment Lines, 401 Water Quality Certification		\$750.00	
<input type="checkbox"/> <b>*Office of Long Island Sound Program:</b> Structures, Dredging and Fill; Tidal Wetlands; Removal of Sand and Gravel (Marine Mining); 401 Water Quality Certification		\$0	
<input type="checkbox"/> <b>*Waste and Materials Management:</b> Solid Waste Facilities, Solid Waste Landfills, RCRA Hazardous Waste TSDf's, Hazardous Waste Landfills, CGS section 22a-454 Waste Facilities, Stewardship Permits, Waste Transportation		\$940.00	
<input type="checkbox"/> Electronic Waste – Covered Electronic Recycler (CER) Approval		\$0	
<input type="checkbox"/> <b>*Water Discharges</b>		\$940.00	
*Refer to the <a href="#">List of General Permits Fact Sheet</a> to determine which General Permit Registrations are transferrable.			<b>Fee Total</b>

**Part I: License Type (continued)**

Date of Closing:  Proposed  Actual

If the closing takes place after submittal of this completed form and before the license transfer is approved, you must complete and submit a *Confirmation of Closing – Before License Transfer Approval Form* (attached) immediately after said closing to confirm the change in ownership of the facility.

If the closing takes place after the license transfer is approved, you must complete and submit a *Confirmation of Closing – After License Transfer Approval Form* immediately after said closing to confirm the change in ownership of the facility and for the license transfer to be effective.

**Table A: Licenses Being Transferred**

License Type	License Number	Expiration Date

Check the box if you have more licenses you are proposing to transfer. If so, label and attach additional sheet(s) with the above information for each license.

**Table B: Other Licenses or Regulated Activities Not Being Transferred**

License Type	License Number	Expiration Date	Continuing Activity?		Reason for not transferring
			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Check the box if you have more licenses to identify. If so, label and attach additional sheet(s) with the above information for each license.

**Table C: Pending Applications or Enforcement Actions**

Name of Application or Enforcement Action	Application or Enforcement Case Number	Date of Submittal or Enforcement Action

Check the box if you have more applications or actions to identify. If so, label and attach additional sheet(s) with the above information for each license.

## Part II: General Information

### 1. Name of Site:

Street Address or Description of Location:

City/Town:

State:

Zip Code:

### 2. Current Licensee

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

- Check the box if there is more than one licensee.  
If so, label and attach additional sheet(s) with the above information for each licensee.

- *\*If a registrant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, registrant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). ([www.concord-sots.ct.gov/CONCORD/index.jsp](http://www.concord-sots.ct.gov/CONCORD/index.jsp))*
- *If a registrant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*

### 3. Proposed Transferee (Registrant)

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*E-mail:

\*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

#### a) Registrant Type (check one):

- individual       federal agency       state agency       municipality       tribal  
 \*business entity (\*If a business entity complete i through iii):

**Part II: General Information (continued)**

i) check type:  corporation     limited liability company     limited partnership  
 limited liability partnership     statutory trust     Other: \_\_\_\_\_

ii) provide Secretary of the State business ID #: \_\_\_\_\_ This information can be accessed at database (CONCORD). ([www.concord-sots.ct.gov/CONCORD/index.jsp](http://www.concord-sots.ct.gov/CONCORD/index.jsp))

iii)  Check here if your business is **NOT** registered with the Secretary of State's office.

b) Registrant's interest in property at which the proposed activity is to be located:

site owner                   option holder                   lessee                   easement holder  
 facility owner                   operator                   other (specify): \_\_\_\_\_

Check if any additional proposed transferees or co-registrants. If so, attach additional sheet(s) with the required information as requested above.

**4. New Billing Contact**, if different than the registrant.

Name:

Mailing Address:

City/Town:    State:    Zip Code:

Business Phone:    ext.:

Contact Person:    Phone:    ext.

E-mail:

**5. New Primary Contact** for departmental correspondence and inquiries, if different than the registrant.

Name:

Mailing Address:

City/Town:    State:    Zip Code:

Business Phone:    ext.:

Contact Person:    Phone:    ext.

\*E-mail:

\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

**6. New Authorized Representative**, if applicable.

Name:

Mailing Address:

City/Town:    State:    Zip Code:

Business Phone:    ext.:

Contact Person:    Phone:    ext.

E-mail:

**Part II: General Information (continued)**

**7. New Attorney**, if applicable.

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney Name:

Phone:

ext.

E-mail:

**8. New Site Owner**, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

**9. New Facility Owner**, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

**10. New Facility Operator**, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

**11. Preparer of this registration**, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

### Part III: Supporting Documents

Be sure to read the instructions (DEEP-INST-006) to determine all documents that must be submitted with this registration form. Check the applicable boxes as verification that *all applicable* attachments have been submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include both the licensee and the proposed transferee's name.

<input type="checkbox"/>	Attachment A: <a href="#">Applicant Background Information</a> (DEEP-APP-008) (if applicable) (Do <b>not</b> include for transfer of licenses for solid waste facilities)
<input type="checkbox"/>	Attachment B: <a href="#">Applicant Compliance Information</a> (DEEP-APP-002)
<input type="checkbox"/>	Attachment C: Submit the following only in the case where the closing has occurred <b>after</b> submittal of the license transfer registration form and <b>before</b> the department has approved the transfer of licenses. <ul style="list-style-type: none"><li>• submit a completed <i>Confirmation of Closing Form</i> (DEEP- APP-006B) once such closing has been completed to the address indicated on the form. (attached)</li></ul>
<input type="checkbox"/>	Attachment D: <i>Submit the following only for transfer of licenses for CGS Section 22a-454 Facilities, Hazardous Waste Landfills, RCRA Hazardous Waste TSDFs and Stewardship Permits:</i> <ol style="list-style-type: none"><li>1. Business Information</li><li>2. Financial Assurance</li><li>3. <a href="#">Revised EPA RCRA Part A</a> and <a href="#">RCRA Part B application</a></li></ol>
<input type="checkbox"/>	Attachment E: <i>Submit the following only for transfer of licenses for Solid Waste Facilities and Solid Waste Landfills:</i> <ol style="list-style-type: none"><li>1. <a href="#">Background information</a> (DEEP-SW-APP-101)</li><li>2. <a href="#">Business Information</a> (DEEP-SW-APP-103)</li></ol>
<input type="checkbox"/>	Attachment F: <i>Submit the following only for transfer of licenses for Waste Transporters:</i> <ol style="list-style-type: none"><li>1. <a href="#">List of Transporter Permits Held in Other States</a> (DEEP-WEED-APP-401)</li><li>2. Certificate of Insurance and MCS-90 Forms</li><li>3. <a href="#">Spill Clean-up Contractor Application</a> (DEEP-WEED-APP-407), if applicable</li><li>4. Additional Registrant Information</li></ol>
<input type="checkbox"/>	Attachment G: <i>Submit the following only for transfer of licenses administered by OLISP pursuant to statutes regulating work in tidal, coastal or navigable waters or tidal wetlands:</i> <ol style="list-style-type: none"><li>1. A copy of the permit drawings identifying the components of the project that have been completed and the portion of the project or work elements that remain to be conducted.</li><li>2. Photographs or other documentation showing that the completed work has been constructed/conducted in accordance with the permit. If the work authorized consisted of dredging, provide a current bathymetric survey of the dredged area.</li></ol>

### Part III: Supporting Documents

- Attachment H: *Submit the following only for transfer of Title V licenses:*
- [Written Authorization Form RCSA Section 22a-174-2a\(a\)\(2\)\(B\)](#) (DEEP-AIR-SIG-REG-002), **IF APPLICABLE**.
- Attachment H-1: *Submit the following only for transfer of Title IV licenses or Title V licenses **with** a Title IV license incorporated:*
- a completed [EPA Phase II Acid Rain Permit Application Form](#) (EPA Form 7610-16) signed by the new designated representative or alternate designated representative. A copy should also be sent to EPA Region 1: Mr. Ian Cohen, US EPA, 5 Post Office Square, Suite 10, Mail Code O(o)EP0(zero)5-2, Boston, MA 02109-3912
- Attachment I: *Submit the following only for transfer of registrations and permits for the Aquifer Protection Area Program:*
- [Certification of Best Management Practices](#) (found on p.5 of 7 of the Registration Form for Regulated Activities in Aquifer Protection Areas) (DEEP-APA-REG-100)
  - [Certification of Best Management Practices](#) (found on p.7 of 9 of the Permit Application to Add a Regulated Activity to a Registered Facility in an Aquifer Protection Area) (DEEP-APA-APP-200)
- For transfer of registrations and permits for the Aquifer Protection Area Program, a copy of this completed form and the *Certification of Best Management Practices* to the municipality, the Department of Public Health and any affected water company.
- For contact names and addresses refer to:
- [Municipal Contact Directory](#)
- [Water Company Contact Directory](#)
- Connecticut Department of Public Health  
Drinking Water Division  
410 Capitol Avenue, MS #51 WAT  
Hartford, CT 06134-0308
- Attachment J: *Submit the following only for transfer of an existing CER Approval:*
- [Description of Applicant's Qualifications and Relevant Experience](#) (DEEP-WASTE-APP-002B)

## Part IV: Certification

The licensee(s) *and* the proposed transferee(s) and the individuals responsible for actually preparing the registration must sign this part. A registration will be considered insufficient unless *all* required signatures are provided ***and are the proper signatory authority as specified under Part IV in the instructions.*** To expedite the registration review, if the subject business entities are registered with the Secretary of State's database (CONCORD), the authorized representative for the current licensee and proposed transferee should be listed as a principal, and also listed in the Applicant Background Information (Attachment A) submitted with this complete registration. If the authorized representative is not listed in CONCORD, please provide documentation that verifies the signatory is authorized to sign on behalf of the business entity.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I certify that this license transfer registration and if applicable, the request for Title IV and/or Title V Revision, is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I understand that this transfer shall become effective immediately upon the commissioner's written approval of this request, or within the time frame specified in the subject approval. I understand that there are significant penalties for conducting any activity requiring a license from DEEP without the required license. I understand that this license transfer registration form is only to be used for changes in owners and operators of the licensed activity; if other changes are being proposed to the facility or site or facility operations, the proposed transferee must also request a license modification.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute."

\_\_\_\_\_  
Signature of Authorized Representative for Current Licensee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Representative for Current Licensee

\_\_\_\_\_  
Title (if applicable)

License Number(s):

"In addition to the above certification statement, by signing below as transferee, I hereby further certify that I am willing and able to fully comply with the terms and conditions of the license(s) referenced in this document."

\_\_\_\_\_  
Signature of Authorized Representative for Proposed Transferee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Representative for Proposed Transferee

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Preparer (print or type)

\_\_\_\_\_  
Title (if applicable)

Check the box if additional signatures are necessary. If so, please reproduce this sheet and attach signed copies to this sheet.





Connecticut Department of Energy & Environmental Protection

Confirmation of Closing – Before License Transfer Approval

Complete this form only in the case where the closing has occurred after submittal of the license transfer registration form and before the department has approved the transfer of licenses. Once such closing has been completed submit this form to the applicable address indicated below, confirming the completion of the change in ownership of the facility.

To be completed by Transferee (registrant):
The undersigned confirm that the change in ownership of the [address of facility] facility from [name of transferor – current license holder] to [name of transferee - registrant] occurred on the following date., [date of closing]
Signature of Authorized Representative for Transferee
Printed Name of Authorized Representative for Transferee
Title of Authorized Representative for Transferee

Please submit this completed form, a copy of the department license transfer approval and any supporting documents to:

Table with 2 columns: For multi-media license transfer requests (for example, transferring a waste, water and air license): OFFICE OF PLANNING AND PROGRAM DEVELOPMENT, 3RD FLOOR DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION 79 ELM STREET HARTFORD, CT 06106-5127 ATTENTION: BOB HANNON; For single media license transfer requests (for example, only transferring air licenses): [INSERT APPLICABLE PROGRAM, for example, "AIR ENGINEERING"] DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION 79 ELM STREET HARTFORD, CT 06106-5127 ATTENTION: [INSERT Program Staff Name]