



**APPLICATION FOR NPDES OR WQM  
PERMIT TRANSFER**

**Before completing this form, please read the instructions (3800-PM-BCW0041a). FAILURE TO FOLLOW THE INSTRUCTIONS MAY RESULT IN DENIAL OF THE APPLICATION.**

<b>Related ID#s (If Known)</b>		<b>DEP USE ONLY</b>		
Client ID# _____	APS ID# _____	<b>Date Received</b>		
Site ID# _____	Facility ID# _____			
<b>PA:</b>		<b>PDG:</b>		
Permit No(s) to be transferred:		Date of Proposed Sale / Transfer of Ownership or Operation:		
<b>Purpose of Application (select one):</b> <input type="checkbox"/> Transfer Permit(s) <input type="checkbox"/> Add a Co-Permittee		<b>eDMR System:</b> <input type="checkbox"/> eDMR Registration Materials Attached and Sent to BCW <input type="checkbox"/> eDMR Registration Materials Not Required		
Chapter 102 NPDES permittees must attach proof that an instrument has been recorded with the Recorder of Deeds (see instructions)				
<b>PERMIT / FACILITY CATEGORY</b>				
<b>NPDES Individual Permits</b> <input type="checkbox"/> Small Flow Treatment Facility (SFTF) <input type="checkbox"/> Other Domestic Wastewater <input type="checkbox"/> Industrial Waste / Industrial Stormwater <input type="checkbox"/> Municipal Separate Storm Sewer System (MS4) <input type="checkbox"/> Concentrated Animal Feeding Operation (CAFO) <input type="checkbox"/> Construction Stormwater (Chapter 102)		<b>Other Permits / Authorizations</b> <input type="checkbox"/> NPDES General Permit (PAG-____) <input type="checkbox"/> Water Quality Management (WQM) Permit <input type="checkbox"/> Joint PFBC/DEP Permit ("Chapter 91.38 Permit") <input type="checkbox"/> No Exposure Certification <input type="checkbox"/> Individual Erosion and Sediment Control Permit <input type="checkbox"/> Other: _____		
<b>EXISTING PERMITTEE INFORMATION</b>				
<b>DEP Client ID#</b>		<b>Client Type/Code</b>		
<b>Organization Name or Registered Fictitious Name</b>		<b>Employer ID# (EIN)</b>	<b>Dun &amp; Bradstreet ID#</b>	
<b>Individual Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Suffix</b>	<b>SSN</b>
<b>Additional Individual Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Suffix</b>	<b>SSN</b>
<b>Mailing Address Line 1</b>		<b>Mailing Address Line 2</b>		
<b>Address Last Line – City</b>	<b>State</b>	<b>ZIP+4</b>	<b>Country</b>	
<b>Client Contact Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Suffix</b>	
<b>Client Contact Title</b>		<b>Phone</b>	<b>Ext</b>	
<b>E-mail Address</b>			<b>FAX</b>	

SITE INFORMATION						
DEP Site ID#		Site Name				
EPA ID#		Estimated Number of Employees to be Present at Site				
Description of Site						
County Name		Municipality		City	Boro	Twp
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County Name		Municipality		City	Boro	Twp
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site Location Line 1			Site Location Line 2			
Site Location Last Line – City			State	ZIP+4		
Detailed Written Directions to Site						
Site Contact Last Name		First Name		MI	Suffix	
Site Contact Title			Site Contact Firm			
Mailing Address Line 1			Mailing Address Line 2			
Address Last Line – City			State	ZIP+4		
Phone	Ext	FAX	E-mail Address			
NAICS Codes (Two- & Three-Digit Codes – List All That Apply)				6-Digit Code (Optional)		
Site-to-Client Relationship						
FACILITY INFORMATION						
Facility Name						
Attach a topographic map that identifies the location of the facility and all discharge points (outfalls).						
Provide the latitude and longitude coordinates at the center of the facility.						
Latitude			Longitude			
Degrees	Minutes	Degrees	Minutes	Degrees	Minutes	
Existing Permits. Identify all NPDES and WQM permits for this facility.						
Permit Type		Permit#	Date Issued	Issued By		
Facility Description. Provide a brief description of the facility.						

<b>COMPLIANCE HISTORY (EXISTING PERMITTEE)</b>	
Is the facility owner or operator in violation of any DEP regulation, permit, order or schedule of compliance at this or any other facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," list each permit, order and schedule and provide compliance status. Use additional sheets to provide information on all permits.	
Permit Program	Permit No.
Brief Description of Non-Compliance	
Steps Taken to Achieve Compliance	Date(s) Compliance Achieved
Current Compliance Status <input type="checkbox"/> In Compliance <input type="checkbox"/> In Non-Compliance	
If the owner or operator is not in compliance with any permit requirement or DEP regulations, attach a narrative description of how the owner or operator will achieve compliance with the permit requirement, including the schedule for achieving compliance with appropriate milestones.	
Are there any fees, past or present, due for the permit being transferred? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," payment must be remitted with this application for any fees, past or present, due for the permit being transferred.	
<b>CERTIFICATION (EXISTING PERMITTEE)</b>	
I certify that I have the authority to make this application as the existing permittee, and that the information included in this application is true to the best of my knowledge and belief. I, on behalf of the existing permittee, hereby:	
<input type="checkbox"/> relinquish the permit(s) that are the subject of this application to the proposed permittee; or	
<input type="checkbox"/> agree to include the proposed permittee identified in this application as a co-permittee on the permit.	
I also certify under penalty of law and subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) 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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Name (type or print legibly)	Official Title
Signature	Date

PROPOSED PERMITTEE / CO-PERMITTEE INFORMATION				
DEP Client ID#		Client Type/Code		
Organization Name or Registered Fictitious Name		Employer ID# (EIN)	Dun & Bradstreet ID#	
Individual Last Name	First Name	MI	Suffix	SSN
Additional Individual Last Name	First Name	MI	Suffix	SSN
Mailing Address Line 1		Mailing Address Line 2		
Address Last Line – City		State	ZIP+4	Country
Client Contact Last Name		First Name	MI	Suffix
Client Contact Title		Phone	Ext	
E-mail Address			FAX	
Site Name (if different from Site Information section above)				
Facility Name (if different from Facility Information section above)				
DISCHARGE INFORMATION				
Check the appropriate boxes below to indicate whether the quantity (flow or pollutant mass loads) or quality (pollutant concentrations) of any discharge to surface waters will change following transfer of the permit(s) or addition of co-permittee(s).				
	Expected Change			
	Greater Than Existing Discharge(s)	Less Than Existing Discharge(s)	No Change	
Flow or Pollutant Mass Loads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pollutant Concentrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If changes are expected, explain the reason(s):				
COMPLIANCE HISTORY (PROPOSED PERMITTEE)				
Is the proposed permittee in violation of any DEP regulation, permit, order or schedule of <input type="checkbox"/> Yes <input type="checkbox"/> No compliance at any other facility?				
If "Yes," list each permit, order and schedule and provide compliance status. Use additional sheets to provide information on all permits.				
Permit Program		Permit No.		
Brief Description of Non-Compliance				
Steps Taken to Achieve Compliance			Date(s) Compliance Achieved	
Current Compliance Status <input type="checkbox"/> In Compliance <input type="checkbox"/> In Non-Compliance				

If the owner or operator is not in compliance with any permit requirement of DEP regulations, provide narrative description of how the owner or operator will achieve compliance with the permit requirement, including the schedule for achieving compliance with appropriate milestones.

**STATEMENT OF LIABILITY**

**Unless otherwise indicated by attached written agreement, the proposed permittee will be held liable for all continuing and future violations of the transferred permit(s). If applicable, the written agreement must state the steps that will be taken to resolve any non-compliance at the facility and the responsible party for all actions.**

**CERTIFICATION (PROPOSED PERMITTEE)**

I certify that I have the authority to make this application as the proposed permittee or co-permittee, and that the information included in this application is true to the best of my knowledge and belief. I, on behalf of the proposed permittee, hereby accept the permit(s) and the statement of liability above (unless otherwise specified in an attached written agreement), and agree to be bound by all terms of said permit(s).

I also certify under penalty of law and subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) 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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**For Transfers of No Exposure Certifications:** I certify that: 1) I have read and understand the eligibility requirements for claiming a condition of “no exposure” and obtaining an exclusion from NPDES stormwater permitting under federal regulations; 2) there are no discharges of stormwater contaminated by exposure to industrial activities or materials from the industrial facility (except as allowed under federal regulations); and 3) there are no unauthorized non-stormwater discharges from the facility. I understand that I am obligated to submit a No Exposure Certification form once every five years to the NPDES permitting authority and, if requested, to the operator of the local MS4 into which this facility discharges (where applicable). I understand that I must allow the NPDES permitting authority, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under an NPDES permit prior to any point source discharge of stormwater from the facility.

**Name** (type or print legibly)

**Official Title**

**Signature**

**Date**

### DOCUMENT REVISION HISTORY

Date	Revision Reason
November 2019	Updated application to allow for use by Chapter 102 NPDES and Erosion and Sediment Control permits.
August 2019	Clarification of requirements for outstanding fees under Compliance History.
October 2018	Updated application to include purpose of application and eDMR checkboxes on page 1, revisions to Discharge Information section, and revisions to Certification sections. Added option for transfer application to be used to add co-permittees to a permit.
February 2017	Added requirement to submit eDMR registration if using eDMR.
November 2016	Updated topographic map requirements; Updated document number and document number references.