ADEQ
Arizona Department of Environmental Quality

AIR QUALITY DIVISION
REGISTRATION - 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**_____

Present Location Address: _____

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

Range:_____

Section:_____

New Location Address: _____

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

Range:_____

Section:_____

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

Driving Directions:_____

Transfer Date:_____ **Start-up Date:** _____

REQUIRED:

[] Notification is required <u>prior to the transfer</u>.

[] Attach a complete list of all equipment that will be located at the new location.

Equipment to be Transferred: Please list all equipment to be transferred.

Registration Number	Equipment Number	Serial Number	Description of Equipment & Name of Leaser if rented equipment