



Connecticut Department of Energy & Environmental Protection

Request to Change Company/Individual Name

Complete this form to request a change in name of the entity holding a DEEP license. There are separate forms for changes in contact information or changes in ownership of a license, although you can use this form to update any contact changes if you are requesting a name change. Please refer to the DEEP website for these forms. For any other changes you must contact the specific program from which you hold a current DEEP license. Refer to the DEEP contact list at the end of this form. Send completed form to the Office of Planning and Program Development (OPPD): by email to: DEEP.OPPD@ct.gov. For questions, contact the OPPD at DEEP.OPPD@ct.gov.

Part I: Licensee Information

1. Existing Licensee Information on file with DEEP. Name: Mailing Address: City/Town: State: Zip Code: Business Phone: ext.: Contact Person: Phone: ext. E-mail: a) Licensee Type (check one): [] individual [] federal agency [] state agency [] municipality [] tribal [] *business entity (*If a business entity complete i through iii): 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 the Secretary of State's database (onlineBusinessSearch (ct.gov)). iii) [] Check here if your business is NOT registered with the Secretary of State's office. b) Licensee's interest in property at which the licensed activity is located: [] site owner [] option holder [] lessee [] easement holder [] operator [] other (specify): _____ [] Check if any co-licensees. If so, attach additional sheet(s) with the required information as requested above.

- If an applicant/registrant/licensee 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, licensee's name shall be stated exactly as it is registered with the Secretary of State This information can be accessed at (onlineBusinessSearch (ct.gov)).
- If an applicant/registrant/licensee 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.).

Part I: Licensee Information (continued)

2. New Information concerning Licensee:

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 license. 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.

If there are any other contact changes such as billing contact, authorized representative, etc. and/or their information such as phone numbers, email or address, etc., please attach the changes to this completed form.

a) Licensee Type (check one):

individual federal agency state agency municipality tribal

*business entity (*If a business entity complete i through iii):

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 *the Secretary of State's database* ([onlineBusinessSearch \(ct.gov\)](http://onlineBusinessSearch.ct.gov))

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

b) Licensee's interest in property at which the licensed activity is located:

site owner option holder lessee
 easement holder operator other (specify): _____

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

3. Preparer of this registration, if different than the Licensee.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

Part II: Background Information

1. Has there been **any** change in ownership in the licensed facility or its immediate parent company?
 Yes No
2. Is there a **new** entity which either shares or controls total ownership of the licensed facility or its immediate parent company?
 Yes No
3. If yes to either question 1 or 2, provide a brief summary, with a chart, indicating exactly where the change in ownership occurred.

4. Has there been a change in person (licensee type), such as from an LLC to a Corporation?

Yes No

If Yes, specify the change.

5. Have you filed a name change with SOTS, if applicable?

Yes No

6. Is your facility defined as an 'establishment' under sections 22a-134 through 22a-134e CGS?

Yes No

If Yes, have you filed paper work with the DEEP Property Transfer Program? Yes No

If No, please explain why.

Part III: DEEP Licenses/Invoices

List all licenses or invoices issued or sent to the licensee by DEEP, which need to be updated with the above information:	
License/Invoice Number	License/Invoice Name
<input type="checkbox"/> Check the box, if you have attached information concerning additional contact changes.	

Part IV: Certification

The authorized representative and the individual(s) responsible for actually preparing this form must sign this part. This request will be considered incomplete unless all required signatures are provided **and are the proper signatory authority**. Proper signatory authority for an authorized representative is a corporate officer of the subject entity. If other than a corporate officer is signing this request, please provide documentation that verifies the signatory is authorized to sign on behalf of the business entity. This documentation must be signed by a corporate officer of the subject entity. To expedite the review, if the subject business entities are registered with the Secretary of State’s database, the authorized representative for the current licensee should be listed as a principal. If the authorized representative is not listed in ([onlineBusinessSearch \(ct.gov\)](http://onlinebusinesssearch.ct.gov)), 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.”	
Signature of Authorized Representative	Date
Name of Authorized Representative (print or type)	Title (if applicable)
Signature of Preparer	Date
Name of Preparer (print or type)	Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.	

You will receive written confirmation from DEEP concerning your request for a name change.

Program	Phone	Program	Phone	Program	Phone
Air Emissions	860-424-4152	Land and Water Resources Division	860-424-3019	Waste Transportation	860-424-3023
Water Discharges	860-424-3025	Solid Waste Facilities (includes landfills)	860-424-3023	RCRA Post Closure	860-424-3023
Water Planning and Management Division	860-424-3704	Hazardous Waste TSDF	860-424-3023	CGS Section 22a-454 Waste Facilities	860-424-3023

For OPPD Use Only

Request Completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Handled By: _____
Reason for <i>not</i> completing change: _____			
Requester Notified:	<input type="checkbox"/> By Mail	<input type="checkbox"/> By E-Mail	Date: _____
Comments: _____			