



Connecticut
Department of Energy &
Environmental Protection

CPPU USE ONLY

App #:	_____
Doc #:	_____
Check #:	_____

License Transfer Form

Purpose: This transfer form must be submitted when there will be **new** ownership of a license, including and up to the parent level ownership, in accordance with [CGS section 22a-6o](#).

Directions:

- Complete and submit this form and the appropriate non-refundable transfer fee(s), in accordance with the [instructions](#).
- A separate transfer form must be submitted for each site.
- Forms that are incomplete will not be processed. To avoid delays, please review the instructions carefully and ensure all required information is provided.
- **Complete Applications Must be Submitted to:** Central Permit Processing Unit, CT Department of Energy and Environmental Protection, , 79 Elm Street, Hartford, CT 06106-5127.
- The transfer of the license(s) will not take effect until the Licensee and the proposed Transferee have been notified by the Department of its approval.

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"/> *Air Emissions			
<input type="checkbox"/> NSR Permit, and/or Registration pursuant to the former RCSA section 22a-174-2		\$940.00	
<input type="checkbox"/> Title IV and Request for Title IV Revision		\$940.00	
a <input type="checkbox"/> Application No.:			
<input type="checkbox"/> Title V and Request for Title V Revision		\$940.00	
<input type="checkbox"/> Application No.:			
<input type="checkbox"/> *Waste and Materials Management			
<input type="checkbox"/> Beneficial Use/Demonstration Authorizations		\$940.00	
<input type="checkbox"/> CGS section 22a-454 CT Regulated Waste Facilities		\$940.00	
<input type="checkbox"/> Electronic Waste – Covered Electronic Recycler (CER) Approval		\$0	
<input type="checkbox"/> Marine Terminals		\$0	
<input type="checkbox"/> RCRA Operating Facility (Hazardous Waste Treatment, Storage, and/or Disposal Facility)		\$940.00	
<input type="checkbox"/> Solid Waste Disposal Area – Stewardship; Long term obligations, Closure Plan/Post-Closure Care		\$940.00	
<input type="checkbox"/> Transfer Facility		\$940.00	
<input type="checkbox"/> Volume Reduction Plant		\$940.00	
<input type="checkbox"/> Waste Transportation, including individual permit for Spill Response Contractors		\$940.00	
Continued on next page			

Part I: License Type and Fee Information (continued)

License Type: (check all that apply)	No. of licenses	Transfer Fee for each license	Fee Subtotal
<input type="checkbox"/> *Water and Land Use			
<input type="checkbox"/> Aquifer Protection Area Program- State Regulated		\$0	
<input type="checkbox"/> Certificates of Permission		\$0	
<input type="checkbox"/> Dam Safety		\$0	
<input type="checkbox"/> Flood Management		\$0	
<input type="checkbox"/> Inland Wetlands and Watercourses		\$0	
<input type="checkbox"/> Remediation Stewardship Permits (RCRA Hazardous Waste Cleanup (Corrective Action) and Long-Term Stewardship)		\$940.00	
<input type="checkbox"/> Structures, Dredging and Fill; Tidal Wetlands		\$0	
<input type="checkbox"/> Water Diversion-Consumptive		\$0	
<input type="checkbox"/> Water Diversion-Nonconsumptive		\$0	
<input type="checkbox"/> 401 Water Quality Certification <input type="checkbox"/> inland or <input type="checkbox"/> coastal/tidal or <input type="checkbox"/> hydropower		\$0	
<input type="checkbox"/> *Water Discharges to surface, ground, and sanitary sewer. Individual point and non-point source discharges from: industry, commercial properties, municipalities, Underground Injection Control, subsurface domestic wastewater, and stormwater permits.		\$940.00	
*Refer to the General Permit (GP) Information Table at the end of this form to determine which GP Registrations are transferable and require a transfer fee. Enter transferable GPs and fees below.			
<input type="checkbox"/> GP Name:			
<input type="checkbox"/> GP Name:			
		Fee Total	
<p>The total fees are to be submitted with <i>each</i> License Transfer Form. The fee for municipalities is 50% of the above listed rate. <i>This registration will not be processed without the fee.</i> The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection or through the E-Payment portal.</p> <p><input type="checkbox"/> Check here if paying online through the E-Payment portal. <i>After the application is received and entered, pay instructions will be emailed to the Primary/Billing Contact listed.</i></p>			
<p>Date of Closing: _____ <input type="checkbox"/> Proposed Date <input type="checkbox"/> Actual Date</p> <p>Closing and Confirmation Requirements:</p> <ul style="list-style-type: none"> If the closing occurs after submitting this form but before the license transfer is approved (Proposed Date), you must complete and submit the attached Confirmation of Closing – Before License Transfer Approval Form immediately after the closing to confirm the ownership change. If the closing occurs after the license transfer is approved, you must complete and submit the Confirmation of Closing – After License Transfer Approval Form immediately after the closing. This form will be provided along with the license transfer approval. Submission is required for the transfer to take effect. If the closing occurred before submitting this form (Actual Date), no Confirmation of Closing Form is required. 			

Part I: License Type and Fee Information (continued)

Table A: Licenses Being Transferred		
License Type	License Number	Expiration Date
		*

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"/>	*

Table C: **Pending Applications or Enforcement Actions		
Name of Application or Enforcement Action	Application or Enforcement Case Number	Date of Submittal or Enforcement Action
		*

* For Tables A, B and C, if you need additional space, select "tab" in the last row and column to the right, to add additional rows.

** Do you have pending applications with the department? ☐ Yes ☐ No

If you answered "Yes," please contact your assigned department staff for guidance on next steps.

Note: Most pending permit applications **cannot be transferred**. If applicable, they will need to be **updated and submitted to the appropriate program** after the license transfer is approved.

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, include the required information as requested above, for each Licensee in Attachment L.

If the change in ownership is only occurring at the parent level and the permits are to remain in the name of the current licensee, please skip item #3 and complete item #4 with the parent company information. Also compliance and background information requested in this form should be related to the new parent company in this case. Refer to the [instructions](#) for more detail.

3. Proposed Transferee (Registrant) if different than the current Licensee. Please read carefully and check the options you use'

- ☐ Option a) If the registrant is a **business entity** (corporation, LLC, LLP, LP, or statutory trust), it **must** be registered with the [Secretary of State](#). DEEP uses the business name **as registered with the Secretary of State**. Enter the name **exactly** as it appears in the state's records.
- ☐ Option b) If the registration is an **individual**, use their **legal name** in this format: *First Name, Middle Initial, Last Name, Suffix (e.g., Jr., Sr., III)*.

Name:

Name Change:

(If the name of the proposed transferee is also changing, complete this Name Change field.)

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

(By providing an e-mail address you agree 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.)

Part II: General Information (continued)

a) Registrant 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 #: _____ from the [Secretary of State's database](#)

- 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, include the required information as requested above, for each transferee in Attachment L.

4. New Parent Owner, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

5. 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:

6. 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:

Part II: General Information (continued)

7. New Authorized Representative, if applicable.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

8. New Attorney, if applicable.

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney Name:

Phone:

ext.

E-mail:

9. 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:

10. 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:

11. 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:

Part II: General Information (continued)

12. 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

Before You Submit:

- Review the [instructions](#) (DEEP-INST-006) to identify all required documents for this registration; specifically review the Supporting Documents/Attachments table at the end of the instructions.
- Check the relevant boxes to confirm that all necessary attachments are included.
- Label all supporting documents as directed (e.g., *Attachment A*) and include the names of **both the current licensee and the proposed transferee** on each document.
- If the change in ownership is only occurring at the parent level and the licenses are to remain in the name of the current licensee, compliance and background information requested in this form should be related to the new parent company in this case. Refer to the [instructions](#) for more detail.

- ☐ Attachment A: [Applicant Background Information Form](#) (DEEP-APP-008) **REQUIRED***

Include with this form, an organizational chart that provides current and proposed ownership structure of the facility.

*Do **not** include this form for transfer of licenses for solid waste facilities addressed by Attachment E. below.

- ☐ Attachment B: [Applicant Compliance Information Form](#) (DEEP-APP-002) **REQUIRED**; Refer to the [Applicant Compliance Information Instructions](#).

- ☐ Attachment C: [Confirmation of Closing – Before License Transfer Approval Form](#) (DEEP- APP-006B)

Provide this form when the closing **occurs after submitting this form but before the license transfer is approved** The Department cannot process the transfer without this form. (also attached)

- ☐ Attachment D: Submit the following **only** when transferring a license for a RCRA Operating Facility (RCRA Hazardous Waste Treatment, Storage, or Disposal Facilities), and a CGS Section 22a-454 CT Regulated Waste Facility.

1. Business Information
2. Financial Assurance
3. [Revised EPA RCRA Part A](#) (only for RCRA Facilities)

- ☐ Attachment E: Submit the following **only** when transferring a license for a Solid Waste Facility (Solid Waste Disposal Area – Stewardship, Closure/Post-Closure Care, Transfer Facility, Volume Reduction Plant):

1. [Background Information](#) (DEEP-SW-APP-101)
This form also serves as Attachment H of the Solid Waste Facility Application
2. [Business Information](#) (DEEP-SW-APP-103)
This form also serves as Attachment J of the Solid Waste Facility Application

Part III: Supporting Documents (continued)

- ☐ Attachment F: Submit the following **only** when transferring a license for Waste Transporters:
1. [List of Transporter Permits Held in Other States](#) (DEEP-WEED-APP-401)
 2. Certificate of Insurance and MCS-90 Forms
 3. [Spill Clean-up Contractor Application](#) (DEEP-WEED-APP-407), if applicable
 4. Additional Registrant Information
- ☐ Attachment G: Submit the following **only** when transferring coastal (tidal) licenses pursuant to statutes regulating work in tidal, coastal, or navigable waters or tidal wetlands:
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.
 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.
- ☐ Attachment H: Submit the following **only** when transferring Title V licenses:
- [Written Authorization Form RCSEA Section 22a-174-2a\(a\)\(2\)\(B\)](#) (DEEP-AIR-SIG-REG-002), if applicable.
- ☐ Attachment H-1: Submit the following **only** when transferring Title IV licenses or Title V licenses **with** a Title IV license incorporated:
- a completed [EPA Phase II Acid Rain Permit Application Form](#) signed by the new designated representative or alternate designated representative. A copy should also be sent to EPA REGION I, 5 POST OFFICE SQUARE – SUITE 100, MAIL CODE OEP05-02, BOSTON, MASSACHUSETTS 02109-3912
- ☐ Attachment I: Submit the following **only** when transferring registrations and permits for the **State regulated** Aquifer Protection Area Program:
- Note: Municipal regulated registrations and permits are transferred at the local level by the municipal Aquifer Protection Agency.**
- For an Aquifer Protection Area Registration:
[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)
 - For an Aquifer Protection Area Permit:
[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* **is required to be sent** 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
DPH.SourceProtection@ct.gov

Part III: Supporting Documents (continued)

- ☐ Attachment J: Submit the following **only** when transferring an existing Covered Electronic Recycler (CER) Approval:
- [Description of Applicant's Qualifications and Relevant Experience](#) (DEEP-WASTE-APP-002B)
- ☐ Attachment K: Submit the following **only** when transferring licenses for Remediation Stewardship Permits:
1. Business Information Submit any facility ownership, control and use agreements. The applicant must provide signed copies of any lease, deed or other agreements regarding the ownership, control, or use of the facility. Such documents include but are not limited to the following: land deeds (e.g., warranty deed; certified deed; lease agreement; Schedule A; etc.)
 2. [Revised RCRA Hazardous Waste Part A Permit Application](#) Only Required for Applications for RCRA Corrective Action and Long-Term Stewardship Obligations Submit, as Attachment I, a copy of the RCRA Hazardous Waste Part A Permit Application (EPA Form 8700-23) submitted to the EPA. If a revised form must be submitted, the form may be obtained from the EPA's website [Hazardous Waste Report: Instructions and Form | US EPA](#). Revision of the Part A Permit Application can be done online by registering for an account here: [RCRAInfo New Account Registration](#).
 3. Financial Assurance: Financial assurance mechanism(s) representative of the facility's cost estimates must be identified and submitted. Acceptable financial assurance mechanisms are identified on the Department's [Financial Assurance webpage](#).
- ☐ Attachment L: Additional Licensee and/or Transferee Information.

General Permit Transfer Information

General Permits	Transferable	Transfer Fee
Air Emissions- There are currently no general permits.	n/a	n/a
Coastal Activities – Include Attachments A, B and C if applicable and Attachment G		
<u>Minor Coastal Structures</u>	YES	\$0
<u>Coastal Maintenance</u>	YES	\$0
<u>Coastal Storm Response</u>	YES	\$0
Inland Water Resource Activities - Include Attachments A, B and C if applicable		
<u>Dam Safety Maintenance, Repair, and Alteration</u> (GP-014) Non-Filing Categories.	NO	n/a
<u>Dam Safety Repair and Alteration</u> (GP-015)	NO	n/a
<u>Dam Safety Repair and Alteration</u> GP-016)	NO	n/a
<u>Diversion of Water for Consumptive Use</u> : Reauthorization Categories	YES	\$750
<u>Diversion of Water for Consumptive Use</u> : Non-filing Categories	NO	n/a
<u>Diversion of Water for Consumptive Use</u> : Filing Only Categories	YES	\$750
<u>Diversion of Water for Consumptive Use</u> : Authorization Required Categories	YES	\$750
<u>Water Resource Construction Activities</u>	YES	\$0
Waste and Materials Management- Include Attachments A, B and C if applicable and Attachment E		
<u>Addition of Grass Clippings at Registered Leaf Composting Facilities</u>	YES	\$940
<u>Collection and Storage of Post-Consumer Paint</u>	NO	n/a
<u>Construct and Operate a Commercial Facility for the Management of Recyclable Materials and Certain Solid Wastes</u>	YES	\$940
<u>Contaminated Soil and/or Sediment Management (Staging and Transfer)</u> EXPIRED still being used for best management practices when applicable.	NO	n/a
<u>Municipal Transfer Stations</u>	NO	n/a
<u>One Day Collection of Certain Wastes and Household Hazardous Waste</u>	NO	n/a
<u>Storage and Processing of Asphalt Roofing Shingle Waste (ARSW) for Beneficial Use and Recycling</u> (NO	n/a
<u>Storage and Processing of Scrap Tires for Recycling and Beneficial Use</u> (NO	n/a
Remediation - Include Attachments A, B and C if applicable		
<u>In Situ Groundwater Remediation: Enhanced Aerobic Biodegradation</u>	YES	\$940
<u>In Situ Remediation: Chemical Oxidation</u>	YES	\$940
General Permit for Certain Release Response Contractors	YES	\$940

General Permit Transfer Information (*continued*)

Wastewater Discharges - Include Attachments A, B and C if applicable	Transferable	Transfer Fee
<u>Comprehensive General Permit for Discharges to Surface Water and Groundwater</u>	YES	\$940
<u>Domestic Sewage</u>	NO	n/a
<u>Food Service Establishment Wastewater</u>	NO	n/a
<u>Groundwater Remediation Wastewater</u>	YES	\$940
<u>Miscellaneous Industrial Users</u> – Filing and transferability is directly with local POTW.	NO	n/a
<u>Nitrogen Discharges</u> - Non-filing	NO	n/a
<u>Point Source Discharges to Waters of the State from the Application of Pesticides</u>	YES	\$940
<u>Significant Industrial Users:</u>	YES	\$940
<u>Stormwater and Dewatering Wastewaters from Construction Activities</u>	YES	\$940
<u>Stormwater Associated with Commercial Activities</u>	NO	n/a
<u>Stormwater Associated with Industrial Activities</u>	NO	n/a
<u>Stormwater from Small Municipal Separate Storm Sewer Systems</u>	NO	n/a
<u>Subsurface Sewage Disposal Systems Serving Existing Facilities</u>	YES	\$940
<u>Swimming Pool Wastewater</u> - Non-filing.	NO	n/a

Part IV: Certification

The licensee(s) *and* the proposed transferee(s) and the individuals responsible for preparing the registration must sign this Certification. 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, 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 the Secretary of State's database, 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)

"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 or
New Parent Company Owner

Date

Printed Name of Authorized Representative for Proposed Transferee or
New Parent Company Owner

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 as Attachment L.



Connecticut
Department of Energy &
Environmental Protection

Attachment C

Confirmation of Closing – Before License Transfer Approval

Complete this form **only** in the case where the closing occurred **after submittal** of the license transfer form but **before** the department has approved the transfer of licenses. 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 _____ to _____
[name of transferor – current license holder] ☐ name of transferee – registrant or
☐ new parent company owner]

occurred on the following date., _____
[date of closing]

Signature of Authorized Representative for Transferee or New Parent Company Owner

Printed Name of Authorized Representative for Transferee or New Parent Company Owner

Title of Authorized Representative for Transferee or New Parent Company Owner

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

For multi-media license transfer requests (for example, transferring a waste, water and air license):

OFFICE OF INNOVATIVE PARTNERSHIPS AND PLANNING, 3RD
FLOOR DEPARTMENT OF ENERGY AND ENVIRONMENTAL
PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127
ATTENTION: Camille Fontanella or DEEP.OPPD@ct.gov

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]