



# Request to Cancel a Permit to Operate

## Section A - Permit Information

**Company Name** (Business Name of Operator As It Appears On The Permit):  
 \_\_\_\_\_

**Permit Number:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_

**Equipment :** \_\_\_\_\_

Section B - Equipment Location Address	Section C - Permit Mailing Address
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<p><b>Select One:</b>    <b>Fixed Location</b>                      <b>Various Location</b>          (For equipment operated at various locations, provide address of initial site.)</p> <p>Street Address _____</p> <p>City _____, CA                      Zip _____</p> <p>Contact Name _____ Title _____</p> <p>Phone # _____ Ext. _____ Fax # _____</p> <p>email _____</p>	<p><b>Permit and Correspondence Information:</b>          Check here if same as equipment location address</p> <p>Address _____</p> <p>City _____, CA                      Zip _____</p> <p>Contact Name _____ Title _____</p> <p>Phone # _____ Ext. _____ Fax # _____</p> <p>email _____</p>
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## Section D - Reason for Request

**Cancellation of the Permit to Operate described above is hereby requested for the following reason(s):**

Equipment:    Sold    Destroyed    or    Removed from site. Effective Date: \_\_\_\_\_

Equipment was replaced.    New Permit Number: \_\_\_\_\_

Equipment will no longer be operated. Date Operation Ended: \_\_\_\_\_

Equipment is exempt from permit requirements by Rule 201. Indicate Rule Section: \_\_\_\_\_

Business & Equipment Sold. Effective Date: \_\_\_\_\_  
 Name and Address of new owner:  
     Name: \_\_\_\_\_  
     Address: \_\_\_\_\_  
     Phone #: \_\_\_\_\_

Other (explain): \_\_\_\_\_

**It is understood that any future use of this equipment may require a new permit application in accordance with the laws then in effect.**

## Section E - Authorization/Signature

**I hereby certify that all information contained herein and information submitted with this application is true and correct.**

<b>Signature of Responsible Official:</b>	<b>Title of Responsible Official:</b>
<b>Print Name of Responsible Official:</b>	<b>Date:</b>
<b>Phone #:</b>	<b>Fax #:</b>

**Return form by mail to address above "Attn: Engineering" or email to [jduran@mbard.org](mailto:jduran@mbard.org).**