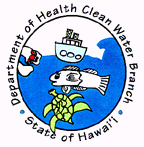
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**transfer of ownership written agreement for SECTION 401 WQCS**

You are required to complete Item Nos. 1 through 3 below to request a transfer of ownership.

1) Provide the Section 401 WQC File Number

Section 401 WQC File Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Provide the Transfer Date

I certify that I am notifying the Department of Health of this transfer of ownership at least 30 calendar days in advance of the transfer date. The specific date for the transfer of Section 401 WQC responsibility, coverage, and liability between the existing and new Owner is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Sign the Transfer of Ownership Written Agreement

This is the written agreement between the existing Owner and new Owner for the transfer of Section 401 WQC responsibility, coverage, and liability between them.

**I certify under penalty of law 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 gather and evaluate 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.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Existing Certifying Person Printed First and Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Certifying Person Printed First and Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT INSTRUCTIONS:**

You are required to follow these instructions.

Item No. 1

Enter your Section 401 WQC file number.

Item No. 2

Provide the Transfer Date.

Item No. 3

a. This is the certification statement for the transfer of ownership.

b. Enter the information for the existing Permittee.

i. Enter the Printed First and Last Name of the existing Certifying Person. .

ii. Enter the Date Signed.

c. Enter the information for the new Owner.

i. Enter the Printed First and Last Name of the new Certifying Person. .

ii. Enter the Date Signed.

d. Provide original Certification signatures (hard copy of this form).

Someone else may sign “for” the individual listed in the Printed First and Last Name.