

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Land Management Administration • Resource Management Program
1800 Washington Boulevard • Suite 610 • Baltimore Maryland 21230-1719
410-537-3314 • 800-633-6101 x3314 • www.mde.state.md.us

**Transfer of Registration/Coverage Under the
General Discharge (GD) Permit for Animal Feeding Operation (AFO)**

I, _____, am the current permittee for the following AFO:

Facility/Operation Name: _____ AI # _____

Facility/Operation Location/Address: _____

City _____ County: _____ State _____ Zip code _____

Registration Number: _____ Current Permittee Telephone number: _____

- I sold this facility/operation on: _____ (DATE).
- I retained ownership, but transferred the responsibility to operate this facility/operation on: _____ (DATE).

The new owner/operator (proposed new permittee) is:

Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip code: _____

Telephone number: _____ E-mail address: _____

I propose to transfer this facility's/operation's registration/coverage under the AFO GD Permit to the new owner/operator. The new owner/operator (proposed new permittee) and I acknowledge the responsibilities and liabilities of the current and proposed new permittee for compliance with the terms and conditions of the GD Permit. I acknowledge that the **existing Nutrient Management Plan (NMP), Conservation Plan (CP) and/or Comprehensive Nutrient Management Plan (CNMP)** (the "approved plan") is valid for this facility/operation. I have not received notification from the Maryland Department of the Environment within the last 30 days of intent to revoke the existing registration/coverage under the AFO GD Permit or to modify the terms of the existing approved plans.

Former owner/operator (current Permittee):

Signature: _____ Printed Name: _____ Date: _____

New owner/operator (proposed permittee) *

Signature: _____ Printed Name: _____ Date: _____

*** I understand that I must submit an updated copy of the signed pages of the CNMP (cover page, compliance agreement, implementation schedule, updated emergency contact form), NMP or CP that reflects the new owner/operator of this AFO to:**

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