



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM  
**APPLICATION FOR CHANGE OF NAME OR ADDRESS  
 FOR YOUR MISSOURI STATE OPERATING PERMIT**

FOR AGENCY USE ONLY	
CHECK NUMBER	APPLICATION ID NUMBER
DATE RECEIVED	FEE SUBMITTED

**READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**1. THIS APPLICATION IS FOR:**

- Owner change of name and/or address  
 Continuing Authority change of name and/or address  
 Facility change of name and/or address

1.1 Is the appropriate fee included with the application?  Yes  No

**2. PERMIT**

PERMIT NUMBER #MO-	COUNTY
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**3. ADDITIONAL INFORMATION**

ANTICIPATED DATE OF NAME AND/OR ADDRESS CHANGE

**4. INFORMATION TO CHANGE**

PREVIOUS INFORMATION FOR OWNER			REVISED INFORMATION FOR OWNER		
OWNER NAME			OWNER NAME		
ADDRESS (MAILING)			ADDRESS (MAILING)		
CITY	STATE	ZIP	CITY	STATE	ZIP
TELEPHONE NUMBER WITH AREA CODE			TELEPHONE NUMBER WITH AREA CODE		
PREVIOUS INFORMATION FOR CONTINUING AUTHORITY			REVISED INFORMATION FOR CONTINUING AUTHORITY		
CONTINUING AUTHORITY NAME			CONTINUING AUTHORITY NAME		
ADDRESS (MAILING)			ADDRESS (MAILING)		
CITY	STATE	ZIP	CITY	STATE	ZIP
TELEPHONE NUMBER WITH AREA CODE			TELEPHONE NUMBER WITH AREA CODE		
PREVIOUS INFORMATION FOR FACILITY			REVISED INFORMATION FOR FACILITY		
FACILITY NAME			FACILITY NAME		
ADDRESS (PHYSICAL LOCATION)			ADDRESS (PHYSICAL LOCATION)		
CITY	STATE	ZIP	CITY	STATE	ZIP
TELEPHONE NUMBER WITH AREA CODE			TELEPHONE NUMBER WITH AREA CODE		

**5. FACILITY CONTACT**

NAME	TITLE
EMAIL	TELEPHONE NUMBER WITH AREA CODE
ADDRESS	CITY STATE ZIP

**6. CERTIFICATION**

I certify I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete and accurate.

NAME (TYPE OR PRINT)	OFFICIAL TITLE	TELEPHONE NUMBER WITH AREA CODE
SIGNATURE	DATE SIGNED	

## INSTRUCTIONS FOR COMPLETING APPLICATION FOR CHANGE OF NAME OR ADDRESS

**IMPORTANT:** This application is only to be used for either the name or address change of a facility, continuing authority, or owner. If ownership is being transferred, this is not the appropriate application. Please submit an Application for Transfer of Operating Permit, which can be found at <http://dnr.mo.gov/forms/780-1517-f.pdf>.

Additionally, this application cannot be used for land disturbance permits.

All blanks must be filled in when the application is submitted to the Missouri Department of Natural Resources. This includes the required signature.

1. Check the appropriate box. Multiple boxes may be checked if applicable.
  - 1.1. Fees Information – Permit modifications, including name and address changes are subject to the following non-substantive fees per 10 CSR 20-6.011 which can be found at <http://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c20-6.pdf>;  
Public Sewer Systems (city, public sewer district, public water district) – \$200 each  
All others – \$100 each
2. Permit – Provide the permit number of the permit to be modified, the facility name listed on the permit, and the county of the facility. If the contact information change will affect multiple permits, please attach an addendum with this information listed for each permitted facility. Each permit requires a separate fee to be modified.
3. Current Information – Provide the current (or previous if already changed) mailing address and telephone number for the entity.
4. Future Information – Provide the future (or current if already changed) mailing address and telephone number for the entity.
5. Facility Contact – Provide the name, title, mailing address, work phone number, and email address of a person who is thoroughly familiar with the operation of the facility and the facts reported in this application who can be contacted by the department.
6. Additional Information – Provide the date of the name and/or address change.
7. CERTIFICATION  
Signature - All applications must be signed as follows and the signatures must be **original**:
  - a. For a corporation, by an officer having responsibility for the overall operation of the regulated facility or activity or for environmental matters.
  - b. For a partnership or sole proprietorship, by a general partner or the proprietor.
  - c. For a municipal, state, federal or other public facility, by either a principal executive officer or by an individual having overall responsibility for environmental matters at the facility.

**Submittal of an incomplete application may result in the application being returned.**

This completed form and any attachments along with the applicable permit fees, should be submitted to:

Site-Specific Permits	General Permits (MOR or MOG)
Department of Natural Resources Water Protection Program ATTN: Operating Permits Section P.O. Box 176 Jefferson City, MO 65102-0176	Please send to the appropriate Department of Natural Resources' regional office. A map of regional offices with addresses and phone numbers is available at <a href="http://dnr.mo.gov/regions/">http://dnr.mo.gov/regions/</a> .

If there are any questions concerning this form, contact the appropriate regional office or the Department of Natural Resources, Water Protection Program, Operating Permits Section at 800-361-4827 or 573-751-6825.