



**Connecticut Department of  
Energy & Environmental Protection**

## Request to Change Company/Individual Contact Information

Complete this form if there are any changes or corrections to your company/facility or individual mailing or billing address or contact information. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license. Refer to the DEEP contact list at the end of this form. Send this completed form to Central Permit Processing Unit (CPPU), Department of Energy and Environmental Protection, 79 Elm Street, Hartford, CT 06106-5127. You may contact CPPU at 860-424-4004.

### Part I: Requester Information

Requester Name: _____	Title: _____	
Mailing Address: _____		
City/Town: _____	State: _____	Zip Code: _____
Business Phone: _____	ext.: _____	
E-mail: _____		

### Part II: Type of Request

<input type="checkbox"/> Mailing Address or Contact Info Change	<input type="checkbox"/> Primary Contact Info Change
<input type="checkbox"/> Billing Address or Contact Info Change	<input type="checkbox"/> Add a Contact, such as attorney, operator, consultant, etc.
<input type="checkbox"/> Other (please specify): _____	
<ul style="list-style-type: none"><li><i>If an applicant/registrant/licensee is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, applicant's/registrant's name shall be stated <b>exactly</b> as it is registered with the Secretary of State This information can be accessed at <a href="#">CONCORD</a>.</i></li><li><i>If an applicant/registrant/licensee is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).</i></li></ul>	

**Part II: Type of Request (continued)**

<i>Current Data existing on DEEP records</i>	<i>New or Changed Information</i>
<b>Company/Individual Name of Licensee:</b> _____	<b>Contact OPPD at 860-424-3003 for a name change or change in ownership.</b>
<b>Mailing Address:</b> _____ City/Town: _____ State: _____ Zip Code: _____  <b>Contact Name:</b> _____ <b>Contact Title:</b> _____ <b>Contact Phone:</b> _____ <b>Contact E-mail:</b> _____	<b>New Mailing Address:</b> _____ City/Town: _____ State: _____ Zip Code: _____  <b>Contact Name:</b> _____ <b>Contact Title:</b> _____ <b>Contact Phone:</b> _____ <b>Contact E-mail:</b> _____
<b>Billing Address:</b> _____ City/Town: _____ State: _____ Zip Code: _____  <b>Contact Name:</b> _____ <b>Contact Title:</b> _____ <b>Contact Phone:</b> _____ <b>Contact E-mail:</b> _____	<b>New Billing Address:</b> _____ City/Town: _____ State: _____ Zip Code: _____  <b>Contact Name:</b> _____ <b>Contact Title:</b> _____ <b>Contact Phone:</b> _____ <b>Contact E-mail:</b> _____
<b>Primary Contact Name:</b> _____ Contact Title: _____ Address: _____ City/Town: _____ State: _____ Zip Code: _____ Business Phone: _____ ext.: _____ E-mail: _____	<b>New Primary Contact Name:</b> _____ Contact Title: _____ Address: _____ City/Town: _____ State: _____ Zip Code: _____ Business Phone: _____ ext.: _____ E-mail: _____



## Part IV: Certification

The authorized representative and the individual(s) responsible for actually preparing this form must sign this part. This request will be considered incomplete unless all required signatures are provided.

"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."	
_____ Signature of Authorized Representative	_____ Date
_____ Name of Authorized Representative (print or type)	_____ Title (if applicable)
_____ Signature of Preparer	_____ Date
_____ Name of Preparer (print or type)	_____ Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.	

Program	Phone	Program	Phone	Program	Phone
Air Emissions	860-424-4152	Office of Long Island Sound Program	860-424-3034	Waste Transportation	860-424-3366
Water Discharges	860-424-3018	Solid Waste Facilities (includes landfills)	860-424-3366	RCRA Post Closure	860-424-3366
Inland Water Resources	860-424-3019	Hazardous Waste TSDF	860-424-3366	Section 22a-454CGS Waste Facilities	860-424-3366

### For CPPU Use Only

Request Completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Handled By: _____	Date Entered: _____
Reason for <i>not</i> completing change: _____				
Requester Notified:	<input type="checkbox"/> By Phone	<input type="checkbox"/> By Mail	Date: _____	
Comments: _____				