



# Transfer of Establishment - Form III (Business ONLY)

**Complete all sections.** Use this form when transferring any business operation, as defined in Connecticut General Statutes (CGS) Section 22a-134(21), that meets the definition of an Establishment, as defined in CGS Section 22a-134(3). This form is appropriate when a discharge, spillage, uncontrolled loss, seepage or filtration of hazardous waste or a hazardous substance has occurred at the Establishment or the environmental conditions at the Establishment are unknown prior to the transfer. The person signing the certification agrees to investigate the parcel in accordance with prevailing standards and guidelines and to remediate pollution caused by any release of a hazardous waste or hazardous substance from the Establishment in accordance with the remediation standards, Section 22a-133k and Section 22a-133q of the Regulations of Connecticut State Agencies (RCSA). **AN ENVIRONMENTAL CONDITION ASSESSMENT FORM (ECAAF) MUST BE SUBMITTED SIMULTANEOUSLY WITH FORM III.**

## Section A: General Establishment Information

1. EPA (RCRA) ID No.: CT

2. Type of Transfer (business, assets, etc):

3. Identification of Establishment (give name of business which exists/existed on-site)

Establishment Name:

Location:

City/Town:

State: CT

Zip Code: -

Phone: - -

ext.

Fax: - -

Contact Person:

Title:

**Date of Transfer:** / /20

**From Transferor:**

**To Transferee:**

4. Transferor

Name:

Legal Mailing Address:

City/Town:

State:

Zip Code: -

Phone: - -

ext.

Fax: - -

Contact Person:

Title:

5. Property Owner (as it appears in land records):

Name:

Legal Mailing Address:

City/Town:

State:

Zip Code: -

Phone: - -

ext.

Fax: - -

Contact Person:

Title:

6. **A map of the property location must be submitted with this form.**

**Section B: Certification** (This is the certifying party as defined in CGS Section 22a-134(6))

Description in Property Deed:  
 Recorded on page \_\_\_\_\_ of volume \_\_\_\_\_, of the Town of \_\_\_\_\_  
 land records, as lot \_\_\_\_\_, block \_\_\_\_\_ on map \_\_\_\_\_ in the Tax Assessor's Office.

"As the certifying party, I certify that, to the extent necessary to minimize or mitigate a threat to human health and the environment, I agree to investigate the parcel in accordance with prevailing standards and guidelines and to remediate pollution caused by any release of hazardous waste or hazardous substance from the business operation in accordance with the Remediation Standard Regulations. I agree to contain, remove, or abate pollution, potential sources of pollution and substances in soil or sediment which pose an unacceptable risk to human health or the environment."

"I have personally examined and am familiar with the information submitted in this document, and all attachments thereto, including inquiry of those individuals immediately responsible for obtaining such information, and certify that the submitted information is true, accurate and complete, to the best of my knowledge and belief. I am aware that if I knowingly submit false information or fail to comply with the provisions of CGS Sections 22a-134 to 22a-134e, I may be subject to damages and penalties pursuant to CGS Sections 22a-134(b and d) and an enforcement action pursuant to CGS Section 22a-134a(j). I further certify that I submitted this Form III to the transferee prior to the transfer of Establishment."

"This Form III is complete and accurate as prescribed by the commissioner without alteration of the text."

***This must be signed by an individual(s), if in such capacity; a responsible corporate officer; partner in a partnership; member of a LLC, as applicable.***

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*Authorized Signature(s) for Certifying Party*

Name of Signatory for Certifying Party (print or type) \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

Representing: \_\_\_\_\_  
*(Company name, LLC, as applicable)*

Legal Mailing Address:  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ -  
 Phone: \_\_\_\_\_ - - ext. \_\_\_\_\_ Fax: \_\_\_\_\_ - -

STATE OF \_\_\_\_\_ }  
 } SS.  
 COUNTY OF \_\_\_\_\_ } *(Town)*

The foregoing was subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 by \_\_\_\_\_  
*(Name of Signatory, Title and Company, if applicable)*  
 who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, as certifying party, executed the foregoing instrument for the purposes therein contained.

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*Signature of Notary/Commissioner of Superior Court* \_\_\_\_\_ Name of Notary/Commissioner of Superior Court  
 (print or type)

My commission expires \_\_\_\_\_ / \_\_\_\_\_ .



**Section E: Transferor Information** (This pertains to transferor, must be completed, signed and notarized)

***This must be signed by an individual(s), if in such capacity; a responsible corporate officer; partner in a partnership; member of a LLC, as applicable, and must be completed regardless of whether the Transferor is also the certifying party.***

\_\_\_\_\_  
 Authorized Signature(s) for Transferor

Name of Person Signing (print or type)

Title (if applicable)

Transferor:

Mailing Address:

City/Town:

State:

Zip Code: -

Phone: - -

ext.

Fax: - -

**Forwarding address after the transfer, if different from above:**

Forwarding Address:

City/Town:

State:

Zip Code: -

Phone: - -

ext.

Fax: - -

STATE OF

}

SS.

COUNTY OF

}

(Town)

The foregoing was subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_.

*(Name of Authorized Signatory for Transferor, Title and Company, if applicable)*

who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, as Transferor, executed the foregoing instrument for the purposes therein contained.

\_\_\_\_\_  
 Signature of Notary/Commissioner of Superior Court

Name of Notary/Commissioner of Superior Court  
 (print or type)

My commission expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

This form is prescribed and provided by the DEP. The DEP does not certify that the information submitted in this form is correct.

All Forms I (with ECAF), II, III (with ECAF), or IV (with ECAF), any supporting documents as applicable, and fee payment should be mailed or hand delivered to:  
*(this is for fee processing)*

**CENTRAL PERMIT PROCESSING UNIT, 1<sup>st</sup> FLOOR**  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 79 ELM STREET  
 HARTFORD, CT 06106-5127

**All subsequent correspondence or subsequent reports should be mailed to:**

REMEDATION DIVISION, 2<sup>nd</sup> FLOOR  
 BUREAU OF WATER PROTECTION AND LAND REUSE  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 79 ELM STREET  
 HARTFORD, CT 06106-5127