



SC DEPARTMENT of
**ENVIRONMENTAL
SERVICES**

Notification of Drycleaner Property Transfer or Name Change
Drycleaning Restoration Trust Fund
Bureau of Land and Waste Management
 2600 Bull Street, Columbia, SC 29201-1708
 (See Instructions on Page 2)

Type or Print all Entries

SCDES USE ONLY

A. Registrant Information (Current Owner)

1. _____
 Registrant Name (Owner/Partnership/Corporate Charter Registered with DOR)

2. _____ () _____
 Application Contact Person Telephone

3. _____
 Name of Facility Address City State Zip Code

4. _____
 Company Mailing Address City State Zip Code

Date Received: _____

App. Completed: Y N

Project Number: _____

B. Registrant Information (New Owner)

Date of Transfer: _____

5. _____
 Registrant Name (Owner/Partnership/Corporate Charter Registered with DOR)

6. _____ () _____
 Application Contact Person Telephone

7. _____
 Current or Proposed Name of Facility

8. _____
 Company Mailing Address City State Zip Code

C. Applicant Signature and Notarization

I hereby attest that the referenced facility has been sold to the person or persons listed in Part B above. In addition, all information contained in this form is accurate. *

9. _____
 Signature of Company Executive (Application Contact Person) Title

SWORN to before me this ____ Day of _____ of _____ year

 NOTARY PUBLIC FOR SOUTH CAROLINA

My commission expires: _____

IMPRINT NOTARY SEAL HERE

Instructions for Notification of Property Transfer or Name Change Form

Purpose: This form is used to notify SCDES of property transfers or name changes.

Definitions: *Drycleaning Facility* means a location where drycleaning solvents are used, or have been used in the past, for cleaning of clothing and/or other fabrics for members of the public. Also commonly known as a “Wet Site”.

A. Registrant Information – Current Owner

1. The Registrant Name should be the same as the “Owner/Partnership/Corporate Charter Name” filed with the Department of Revenue (DOR) on DOR form L-2093. If the Company Name has changed since the initial registration with DOR, the most recent company name registered with DOR should be entered on this application.
2. The Application Contact Person is be the Registrant’s owner, partner, corporate executive or other fiduciary agent with responsibility for ensuring the accuracy of the information submitted on the application.
3. Enter the name and location address of the facility.
4. Enter the mailing address for the contact person.

B. Registrant Information – New Owner

5. This is the name of the new owner, if there is one. The Registrant Name should be the same as the “Owner/Partnership/Corporate Charter Name” filed with the Department of Revenue (DOR) on DOR form L-2093. **(New owners would need to complete and file form L-2093 with DOR.)**
6. The Application Contact Person is be the Registrant’s owner, partner, corporate executive or other fiduciary agent with responsibility for ensuring the accuracy of the information submitted on the application.
7. Enter the name and location address of the facility.
8. Enter the mailing address for the contact person.

C. Applicant Signature and Notarization

9. A company executive or the Applicant Contact Person (from line 2) must sign and date the notification form. Notary Publics commissioned within the State of South Carolina are not required to imprint their seal. Out of State Notaries (or equivalent) must imprint their seal.

*** If the facility is only notifying the Department of a name change, then the form does not need to be notarized.**

The completed form should be submitted to:

SCDES
Drycleaning Restoration Trust Fund
Bureau of Land and Waste Management,
2600 Bull Street Columbia, SC 29201-1708