



Environmental Protection Department  
**Air Quality Division**

115 South Andrews Avenue Room A-240 • Fort Lauderdale, Florida 33301 • 954-519-1220 • FAX 954-519-1495

APPLICATION FOR TRANSFER OF AIR LICENSE

Please enclose a \$100 transfer fee made payable to the Broward County Board of Commissioners.

LICENSE NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

SOURCE LOCATION \_\_\_\_\_

Street City Zip

MAILING ADDRESS \_\_\_\_\_

Street City Zip

I am the undersigned owner or authorized representative of \_\_\_\_\_  
\_\_\_\_\_. I hereby notify the Broward County Environmental Protection Department of the sale or  
legal transfer of the above air pollution source. I agree to assign the rights as licensee to the new owner or operator.

SIGNATURE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

NAME AND TITLE (Please type) \_\_\_\_\_

---

**REQUEST FOR TRANSFER OF LICENSE**  
(to be completed by new owner)

COMPANY NAME \_\_\_\_\_

APPLICANT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

Street City Zip

I am the undersigned owner or authorized representative of \_\_\_\_\_  
\_\_\_\_\_. I hereby notify the Broward County Environmental Protection Department of acquiring title to  
this air pollution source. I agree to comply with the terms and conditions of the license and to assume the rights and  
liabilities contained therein. I agree to notify the Environmental Protection Department of any future change in  
ownership of, or responsibility for, the licensed air pollution source.

SIGNATURE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

NAME AND TITLE (Please Type) \_\_\_\_\_