



**Department of Planning and Environmental Protection**

Biological Resources Division

218 S.W. 1st Avenue • Fort Lauderdale, Florida 33301 • 954-519-1230 • FAX 954-519-1412

**APPLICATION FOR TRANSFER OF  
BCDPEP BIOLOGICAL RESOURCES LICENSE**

License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Items 1 - 5 to be completed by the transfer.  
Items 6 - 11 to be completed by the transferee.  
*Please type or print legibly in ink.*

**NOTIFICATION OF SALE OR LEGAL TRANSFER**

1. \_\_\_\_\_  
LICENSEE'S NAME TITLE

2. \_\_\_\_\_  
LICENSEE'S MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP PHONE

3. \_\_\_\_\_  
PROJECT NAME OR ACTIVITY

4. \_\_\_\_\_  
PROJECT LOCATION

\_\_\_\_\_  
CITY SECTION/TOWNSHIP/RANGE

**5. STATEMENT OF TRANSFEROR**

The licensee hereby notifies BCDPEP of the sale or legal transfer of this licensed operation. The licensee further agrees to assign their rights as licensee to the applicant in the event the BCDPEP agrees to the transfer of the license.

*AN AGENT MAY SIGN BELOW ONLY IF A LETTER OF AUTHORIZATION IS ATTACHED.*

\_\_\_\_\_  
PRINTED NAME OF LICENSEE OR AUTHORIZED AGENT SIGNATURE OF LICENSEE OR AUTHORIZED AGENT TITLE

Sworn to and subscribed before me at \_\_\_\_\_ County, \_\_\_\_\_, this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC My commission expires: \_\_\_\_\_

## REQUEST FOR TRANSFER OF LICENSE

6. \_\_\_\_\_  
APPLICANT'S NAME TITLE

7. \_\_\_\_\_  
APPLICANT'S MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP PHONE

8. \_\_\_\_\_  
PROJECT NAME OR ACTIVITY

9. \_\_\_\_\_  
PROJECT ENGINEER

10. \_\_\_\_\_  
ENGINEER'S MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP PHONE

### 11. STATEMENT OF TRANSFEROR

The applicant hereby notifies BCDPEP of their having acquired title to this operation. Further, the applicant states: (1) That they have examined the application and documents submitted by the current licensee upon which BCDPEP based the issuance of the license, (2) that the aforesaid application and documents accurately described the activity or project, and (3) that they are familiar with the license and agree to comply with its terms and conditions and to assume the rights and liabilities contained therein. The applicant also agrees to promptly notify BCDPEP of any future change in ownership or responsibility for the licensed operation.

*AN AGENT MAY SIGN BELOW ONLY IF A LETTER OF AUTHORIZATION IS ATTACHED.*

\_\_\_\_\_  
PRINTED NAME OF APPLICANT OR AUTHORIZED AGENT SIGNATURE OF APPLICANT OR AUTHORIZED AGENT TITLE

Sworn to and subscribed before me at \_\_\_\_\_ County, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC My commission expires: \_\_\_\_\_

**Please submit the completed form along with the license transfer fee of \$100.00 to:**

Broward County Department of Planning and Environmental Protection  
Biological Resources Division  
218 S.W. 1st. Avenue  
Fort Lauderdale, FL 33301

**Checks should be made payable to:**

Broward County Board of County Commissioners.