



ENVIRONMENTAL PROTECTION DEPARTMENT
Pollution Prevention and Remediation Division
Mailing Address: 115 South Andrews Avenue, Room A-240
Fort Lauderdale, Florida 33301
954-519-1260 · FAX 954-765-4804

APPLICATION FOR TRANSFER OF LICENSE

This form must be completed and submitted to EPD along with a check for \$100 made payable to Broward County Board of County Commissioners.

LICENSE# \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ DATE EXPIRES \_\_\_\_\_
NOTIFICATION OF SALE OR LEGAL TRANSFER

FACILITY NAME: \_\_\_\_\_
FACILITY LOCATION: \_\_\_\_\_
LICENSE NAME: \_\_\_\_\_
MAILING ADDRESS: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

The undersigned hereby notifies the BCEPD of the sale or legal transfer of this facility. He/she further agrees to assign his/her rights as licensee to the applicant in the event the BCEPD agrees to the transfer of license

Authorized Signature of Licensee / Applicant Print Name and Title Date

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

State of: \_\_\_\_\_
My Commission Expires: \_\_\_\_\_

Notary Public Date
[ ] Personally known OR [ ] Produced Identification Type of Identification Produced \_\_\_\_\_

REQUEST FOR TRANSFER OF LICENSE

FACILITY NAME: \_\_\_\_\_
APPLICANTS NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_
MAILING ADDRESS: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

PROJECT ENGINEER: NAME: \_\_\_\_\_
MAILING ADDRESS: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

The undersigned hereby notifies the BCEPD of his/her having acquired title to or license responsibility of this facility. He/she further states that he/she has examined the application and documents submitted by the current licensee, the basis on which License # \_\_\_\_\_ was issued by the BCEPD, and states that they accurately and completely describe the licensed activity or project. He/she further states that he/she is familiar with the license, agrees to comply with its terms and conditions, and agrees to assume the rights and liabilities contained therein. He/she also agrees to promptly notify the BCEPD of any future change in ownership of, or responsibility for, the licensed activity or project.

Authorized Signature of Licensee / Applicant Print Name and Title Date

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

State of: \_\_\_\_\_
My Commission Expires: \_\_\_\_\_

Notary Public Date
[ ] Personally known OR [ ] Produced Identification Type of Identification Produced \_\_\_\_\_