



APPLICATION FOR TRANSFER OF HAZARDOUS MATERIAL MANAGEMENT FACILITY LICENSE

This form must be completed and submitted to the Environmental and Consumer Protection Division with a check for \$100 made payable to Broward county Board of County Commissioners

LICENSE# _____ DATE ISSUED _____ DATE EXPIRED _____

NOTIFICATION OF SALE OR LEGAL TRANSFER

Facility Name: _____ Owner Entity Name: _____

Facility Location: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Contact Name: _____ Title: _____ Phone: _____ Email: _____

The undersigned hereby notifies the agency 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 that the agency agrees to the transfer of license.

Authorized Signature of Transferor (current Operator): _____

Print name _____ Title _____ Date _____

Personally know OR Produced Identification. Type of identification produced _____

Sworn to and subscribed before me at _____ County _____ State _____

this _____ day of _____, 20_____

Notary Signature _____ Printed Name _____

My Commission Expires: _____

REQUEST FOR TRANSFER OF LICENSE

Facility Name: _____ Owner Entity Name: _____

Mailing Address: _____ City: _____ Zip: _____

Applicant's Name: _____ Title: _____ Phone: _____ Email: _____

The undersigned hereby notifies the agency 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 of which License Number above was issued by the agency, 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 and 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 agency of any future change in ownership of, or responsibility for, the licensed activity or project.

Authorized Signature of Transferee (new Operator): _____

Print name _____ Title _____ Date _____

Personally know OR Produced Identification. Type of identification produced _____

Sworn to and subscribed before me at _____ County _____ State _____

this _____ day of _____, 20_____

Notary Signature _____ Printed Name _____

My Commission Expires: _____