



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: