

## Florida Department of Environmental Protection

Bob Martinez Center 2600 Blairstone Road MS 4565 Tallahassee, Florida 32399-2400 DEP Form #: 62-701.900(8)

Form Title: <u>Application for Transfer of Permit</u> <u>or Notification of Name Change</u>

Effective Date: February 15, 2015
Incorporated in Rule: 62-701.320(11), F.A.C.

## APPLICATION FOR TRANSFER OF PERMIT OR NOTIFICATION OF NAME CHANGE

**GENERAL REQUIREMENT**: Permit transfers for Solid Waste Management Facilities shall be permitted in accordance with Florida Administrative Code (F.A.C.) Rule 62-701.320(11). A transfer of permit is required upon the sale or transfer of a facility. A transfer of permit is also required if a new or different person takes ownership or control of the facility. A transfer of permit is not required if the facility or permittee simply changes its name, although the permittee must notify the Department of such a change. Two copies of this form shall be submitted to the Department District Office having jurisdiction over the facility for either the Notification of Name Change or Transfer of Permit.

PART I. GENERAL INF			
TO BE COMPLETED B	Y THE CURRENT PERMITTEE		
Permit No	Date Issued:	Date Expires:	WACS:
Existing Facility Name:	g Facility Name: County:		nty:
Facility Location:	(Street or Road – Do Not Use P.O. E	City:	
Permittee:	(Company or Legal Entity Na		
	(Company or Legal Entity Na	ime as Listed on the Permit)	
Authorized Representat	ive or Permittee:		
•		(Print or Type Name of Person)	)
Title:	Email:	Telephon	ne: ()
Mailing address:			
<u> </u>	(Street or P.O. Box)	(City, State and Zip)	
PART II. CHECK ALL	BOXES THAT APPLY AND COMPLET	E AS DIRECTED	
indicating that the (facility or legal er new permittee) m	Financial assurance documentation. You financial assurance mechanism has be nitry name) of the current permittee or if the ust provide new proof of financial assurant that copy of this form to:	en or will be modified to refle he permit is to be transferr	ect proposed name changes red, the applicant (proposed
	Solid Waste Financ Department of Environ 2600 Blair Stone R Tallahassee, Florid	mental Protection oad, MS 4548	

For further financial assurance information, visit www.dep.state.fl.us/waste/categories/swfr/ or call the financial coordinator at (850) 245-8732. If box 1 is checked and you believe financial assurance does not need to be modified, attach an explanation of why no modification is required.

2. 

The current Permittee (Owner or Operator) will remain the same, however the facility name and/or name of the permittee (company or legal entity name) will change. Complete Part III.

than 50% of sto sale or devise. <b>I</b> sign Part IV. <b>A</b>	be transferred. Control of facility has changed or will change (e.g., sale of facility; sale of more ck; merger where permittee does not survive) or real property has been or will be transferred by Both the current permittee and the applicant (proposed new permittee), must complete and fee of \$50 shall be submitted with the application for Transfer of Permit by check made Department of Environmental Protection (DEP).
	ION OF NAME CHANGE (You checked Box 2.) BY CURRENT PERMITTEE (Fill in changes or "no Change" as appropriate.)
New Permittee Name:	(Company or Legal Entity Name)
Signature:(A	Date: uthorized Representative or Current Permittee)
	R OF PERMIT (You checked Box 3.) ED BY THE CURRENT PERMITTEE
transferred to the appl	by affirms, under penalty of perjury, that ownership or control of this facility has been or will be icant below, and also agrees to assign his/her rights as permittee (or authorized representative of oplicant below if the Department agrees to the transfer of the permit.
Signature:	Date:uthorized Representative or Current Permittee)
Type or Print Name: _	Title:
	ED BY THE APPLICANT (PROPOSED NEW PERMITTEE)  by affirms, under penalty of perjury, that he/she has or intends to acquire title to or control of this
facility; that he/she has was based and states with the permit, agrees the permit; and that he a separate permit mod	s examined the application and documents submitted by the current permittee on which the permit that they accurately and completely describe the permitted activity or project; that he/she is familiar to comply with its terms and conditions, and agrees to assume the rights and liabilities set forth in /she understands that any substantial changes in the design or operation of the facility will require lification. He/she also agrees to promptly notify the Department of any future changes in ownership the permitted activity or project. Attach a letter of authorization if you are other than the
New Permittee:	(Company or Legal Entity Name)
Facility name:	(As given by Applicant – may remain the same)
Signature:	Date: Date:
	(Authorized Representative or Applicant)
Type or Print Name: _	Title:
Mailing address:	(Street or P.O. Box) (City, State and Zip)
Email:	Tolophone: (