



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

DEP Form #: 62-701.900(8), F.A.C.

Form Title: Permit Transfer Form

Effective Date: January 6, 2010

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 INFORMATION** **TO BE COMPLETED BY THE CURRENT PERMITTEE**

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

Existing Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

Facility Location: \_\_\_\_\_ City: \_\_\_\_\_  
(Street or Road – Do Not Use P.O. Box)

Permittee: \_\_\_\_\_  
(Company or Legal Entity Name as Listed on the Permit)

Authorized Representative or Permittee: \_\_\_\_\_  
(Print or Type Name of Person)

Title: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(Street or P.O. Box) (City, State and Zip)

### **PART II. CHECK ALL BOXES THAT APPLY AND COMPLETE AS DIRECTED**

1.  **Permit requires financial assurance documentation.** You must attach a **copy** of documentation to this form indicating that the financial assurance mechanism has been or will be modified to reflect proposed name changes (facility or legal entity name) of the current permittee or **if the permit is to be transferred**, the applicant (proposed new permittee) must provide new proof of financial assurance. Send original signature financial assurance documentation with a copy of this form to:

Solid Waste Financial Coordinator  
Department of Environmental Protection  
2600 Blair Stone Road, MS 4565  
Tallahassee, Florida 32399-2400

For further financial assurance information, visit [www.dep.state.fl.us/waste/categories/swfr/](http://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.

Northwest District  
160 Governmental Center  
Pensacola, FL 32501-5794  
850-595-8300

Northeast District  
7825 Baymeadows Way, Ste. B200  
Jacksonville, FL 32256-7590  
904-807-3300

Central District  
3319 Maguire Blvd., Ste. 232  
Orlando, FL 32803-3767  
407-894-7555

Southwest District  
3804 Coconut Palm Dr.  
Tampa, FL 33619  
813-632-7600

South District  
2295 Victoria Ave., Ste. 364  
Fort Myers, FL 33901-3881  
239-332-6975

Southeast District  
400 North Congress Ave.  
West Palm Beach, FL 33401  
561-681-6600

3.  **The permit will be transferred.** Control of facility has changed or will change (e.g., sale of facility; sale of more than 50% of stock; merger where permittee does not survive) or real property has been or will be transferred by sale or devise. **Both the current permittee and the applicant (proposed new permittee),** must complete and sign Part IV. **A fee of \$50** shall be submitted with the application for Transfer of Permit by check made payable to the Department of Environmental Protection (DEP).

**PART III. NOTIFICATION OF NAME CHANGE (You checked Box 2.)**  
**TO BE COMPLETED BY CURRENT PERMITTEE (Fill in changes or "no Change" as appropriate.)**

New Facility Name: \_\_\_\_\_

New Permittee Name: \_\_\_\_\_  
(Company or Legal Entity Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Representative or Current Permittee)

**PART IV: TRANSFER OF PERMIT (You checked Box 3.)**  
**A. TO BE COMPLETED BY THE CURRENT PERMITTEE**

The undersigned hereby affirms, under penalty of perjury, that ownership or control of this facility has been or will be transferred to the applicant below, and also agrees to assign his/her rights as permittee (or authorized representative of the permittee) to the applicant below if the Department agrees to the transfer of the permit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Representative or Current Permittee)

Type or Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**B. TO BE COMPLETED BY THE APPLICANT (PROPOSED NEW PERMITTEE)**

The undersigned hereby affirms, under penalty of perjury, that he/she has or intends to acquire title to or control of this facility; that he/she has examined the application and documents submitted by the current permittee on which the permit was based and states that they accurately and completely describe the permitted activity or project; that he/she is familiar with the permit, agrees to comply with its terms and conditions, and agrees to assume the rights and liabilities set forth in the permit; and that he/she understands that any substantial changes in the design or operation of the facility will require a separate permit modification. He/she also agrees to promptly notify the Department of any future changes in ownership of, or responsibility for, the permitted activity or project. **Attach a letter of authorization if you are other than the owner or corporate officer.**

New Permittee: \_\_\_\_\_  
(Company or Legal Entity Name)

Facility name: \_\_\_\_\_  
(As given by Applicant – May remain the same)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Representative or Applicant)

Type or Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(Street or P.O. Box) (City, State and Zip)

Email: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_