

ROGER STEWART CENTER

3629 Queen Palm Dr. Tampa, FL 33619 Ph: (813) 627-2600 · Fax: (813) 627-2630 www.epchc.org

APPLICATION FOR TRANSFER OF DIRECTOR'S AUTHORIZATION OR NOTIFICATION OF NAME CHANGE

Authorization #:	Date of Is	sue:	Expires:		
A. NOTIFICATION OF SALE OR LEGAL	TRANSFER (Original Authori	zation/Authorize	d Party Information	.)	
Site/Facility Name:					
Site/Facility Location:		City:			
Authorized Party:					
Authorized Party Representative I	Jame:	Tit	le:		
Mailing Address:					
The undersigned hereby notifies further agrees to assign his rig event the Commission agrees to to	hts as an authorized party				
Sworn to and subscribed before me	Signature of Au	thorized Party			
at _					
Notary Public Name (Print)	Notary Public S	ignature	Date·		
My Commission Expires					
B. REQUEST FOR TRANSFER OF AUTHOR Site/Facility Name: Applicant Name:					
Applicant Representative Name:			e:		
Mailing Address:					
Engineer of Record:					
Mailing Address:			ephone:()		
The undersigned hereby notifies further states that he has examparty, as identified in section at the Commission and states that further states that he is familiagrees to assume the rights and further changes in ownership or	mined the application and a above, the basis upon whi they accurately and compl iar with the Authorization liabilities contained there	supporting docu ch Authorization etely describe to an and agrees to ein. He also agre	ments submitted by #: he authorized action comply with its to the stopromptly notion	y the current was vity(ies) or p terms and cond	Authorized issued by project. He itions and
Sworn to and subscribed before me	Signature of Au	thorized Party			
at _				, 20	
			Date:		
Notary Public Name (Print)	Notary Public S	ignature			
My Commission Expires					