

COASTAL USE PERMIT TRANSFER REQUEST

PERMIT NUMBER: P _____

When the structures, work, and/or mitigation authorized by this permit are still in existence at the time the permit is transferred, the terms and conditions of this permit will continue to be binding on the new applicant(s) of this permit. To validate the transfer of this permit and the liabilities associated with compliance of its terms and conditions, the transferee and transferor shall sign and date below.

By signing and dating this transfer agreement, transferee agrees to assume all liabilities associated with this permit and abide by all conditions of this permit.

| TRANSFEEE INFORMATION | | | |
|------------------------|----------------------|--------------|-----------------|
| | | | |
| <i>COMPANY NAME</i> | | | |
| | | | |
| <i>MAILING ADDRESS</i> | <i>CITY</i> | <i>STATE</i> | <i>ZIP CODE</i> |
| | | | |
| <i>PHONE NUMBER</i> | <i>EMAIL ADDRESS</i> | | |
| | | | |
| <i>SIGNATURE</i> | <i>PRINT NAME</i> | <i>DATE</i> | |

By signing and dating this transfer agreement, transferor agrees to transfer this permit to the above noted party.

| TRANSFEROR INFORMATION | | | |
|------------------------|----------------------|--------------|-----------------|
| | | | |
| <i>COMPANY NAME</i> | | | |
| | | | |
| <i>MAILING ADDRESS</i> | <i>CITY</i> | <i>STATE</i> | <i>ZIP CODE</i> |
| | | | |
| <i>PHONE NUMBER</i> | <i>EMAIL ADDRESS</i> | | |
| | | | |
| <i>SIGNATURE</i> | <i>PRINT NAME</i> | <i>DATE</i> | |

It is the responsibility of the transferor to mail the original signed document to the Office of Coastal Management, P. O. Box 44487, Baton Rouge, LA 70804-4487. The transferor and transferee shall retain an approved copy of this document for their files.

Approved this _____ day of _____, 20_____.

DEPARTMENT OF NATURAL RESOURCES

 Karl L. Morgan, Administrator
 Office of Coastal Management



See Instructions

COASTAL USE PERMIT TRANSFER INSTRUCTIONS

An applicant having the need to transfer a Coastal Use Permit or other authorization to another party shall file a request for transfer by completely filling out all sections of the Transfer Request form according to the below instructions:

1. **Permit Number: P** _____

The number assigned to the permit that is being transferred can be found on the front page of the Coastal Use Permit.

2. _____
Transferee Signature **Date**

This is where an authorized representative of the transferee (new applicant) must sign and date the document.

3. _____
Transferee Name (print or type)

This is the printed name of the individual and company, if applicable who will be receiving the permit (new applicant).

4. _____

Transferee Complete Mailing Address (print or type)

This is the current and complete mailing address of the transferee (new applicant) who will be receiving the permit.

5. _____
Transferor Signature **Date**

This is where an authorized representative of the transferor (former applicant) must sign and date the document.

6. _____
Transferor Name (print or type)

This is the printed name of the transferor, including company name (former applicant) who will be transferring the permit.

7. _____

Transferor Complete Mailing Address (print or type)

This is the current and complete mailing address of the transferor (former applicant) who will be transferring the permit.

The completed Transfer Request form shall be mailed to:

Office of Coastal Management, P.O. Box 44487, Baton Rouge, LA 70804-4487.

Should you have questions concerning filling out the Transfer Request form, please contact:

Jay Pecot by e-mail at Jay.Pecot@LA.GOV or by telephone at 225-342-0884.