CONSUMER PROTECTION DIVISION
One North University Drive, Box #302, Plantation, Florida 33324
954-765-1700 • Fax 954-765-5309 • broward.org/consumer

TRANSFER CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY APPLICATION (Taxicab)

Application must be completed prior to appointment, or you may be required to schedule another appointment.

Certificate # (s)	Business Account **MC#**	Today's Date

Name as it currently appears on the certificate (s)

You Must Provide

1. The **original Certificate**(s) of Public Convenience and Necessity.
2. Appropriate documentation indicating the current owner's intention to sell/transfer:
   a. If the seller/transferor is an **individual**, a notarized statement of his/her intention to sell/transfer (the seller/transferor's notarized signature on the applications satisfactory); or
   b. If the seller/transferor is a **partnership**, a notarized statement from each partner of his/her intention to sell/transfer; or
   c. If the seller/transferor is a **corporation**, an appropriate corporate resolution that authorizes the sale.
3. **Picture identification** of the purchaser/transferee.
4. **Affidavit** stating that there are no outstanding liens, security interests, judgments or pending litigation or any other legal impediment against owner.
5. Completed **Authorization for Criminal Background Check** for the purchaser/transferee.
6. Documentation showing **legal status** (corporate papers/partnership agreement) if the certificate is to be held in a corporate or partnership name.
7. **Non-refundable** transfer fee of **$375** for each certificate to be transferred, payable to: **Broward County Commission.**

Part I Seller / Transferor Information

Applicant Name (Person with the power to authorize the sale and transfer of the certificate)	Applicant Title
Address (Street, City, State, Zip)	Phone #

Sold/Transfer to:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

On this_____Day of _____, 20_____, before me personally appeared _____ , who completed Part I of this application, and who upon oath deposes and says that he/she authorizes the sale and/or transfer of the aforementioned Certificate(s) of Public Convenience and Necessity.

Personally Known_____ or identification Produced _____.

_____.
Signature of Seller/Transferor

_____.
NOTARY PUBLIC

MY COMMISSION EXPIRES:

(OVER)

Part II Purchaser / Transferee Information

Applicant Information

Are you currently a Broward County Certificate Holder: Yes ☐ No ☐
If yes, list your current certificate numbers:

Name	Phone #	
Address (Street City, State, Zip)	FL Driver's License #	Exp. Date / /
	Date of Birth	

Certificate Information

Name on Certificate (as it should appear on the transferred Certificate)

Address on Certificate (Street, City, State, Zip)

Business Owners, Partners, Directors, & Officers Information

Owner	Partner	Director	Officer	Name	Address	Date of Birth

Continue listing by attaching a separate page

ACKNOWLEDGEMENT

It is acknowledged by the Applicant that this application shall be investigated by the Broward County Consumer Protection Division, which shall have the authority to require such further investigation or additional information deemed necessary to adequately inform the Broward County Commission about the Applicant's proposed operations and the public need thereof. It is further understood that in order to be granted a Certificate of Public Convenience and Necessity, the Applicant agrees to provide an authorization for a criminal background check. The Applicant certifies he/she has read and understood Chapter 22 ½ of the Broward County Code of Ordinances and if granted this (these) Certificate(s), will fully comply with its provisions.

Pursuant to Section 22 ½-5(d) of the Broward County Code of Ordinances, any certificate not in use during any consecutive one hundred eighty (180) days will be deemed abandoned.

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

On this_____Day of _____, 20____, before me personally appeared _____, who completed Part II of this application has read and understands the acknowledgment above, and who upon oath deposes and says that the information contained and / or attached to this application is true and correct.

Personally Known_____ or identification Produced _____.

_____.
Signature of Purchaser/Transferee

MY COMMISSION EXPIRES: _____ _____.
NOTARY PUBLIC

OFFICE USE ONLY

Date Received:_____ Receipt #: _____ Amount Paid: _____ Processor: _____

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STATE OF FLORIDA
COUNTY OF _____

On this ____ day of _____ 20___, before me personally appeared _____ as the authorized agent to transfer or sell Certificate of Public Convenience and Necessity Number _____ titled in the name _____ and does hereby certify under the penalty of perjury and the penalty of law that there are no outstanding liens, security interests, judgments or pending litigation or any other legal impediment against the entity referenced above or the Certificate of Public Convenience and Necessity Number _____ that would prevent or affect this transfer or sale.

Personally Known _____ or Identification Produced _____

_____ _____
Signature of Seller or Transferor Notary Public

My Commission Expires _____