



## CERS TRANSFER REQUEST

OWNER INFORMATION		
Name:		
Address:		
City:	State:	Zip Code:
Phone:		
FACILITY INFORMATION		
Facility Name:	CERS ID:	
Business/Organization Name:	Business/Organization Location:	
<input type="checkbox"/> Please create this business/organization for me <input type="checkbox"/> This is an existing business/organization		
INITIAL LEAD USER		
Name:	Title:	
Email:	Phone:	

I am the new owner

I am an authorized representative of the owner, my title is: \_\_\_\_\_

**I acknowledge that all previous submittals made on behalf of this facility will be archived and I will not be able to base any future submittals on them (Required.)**

Date escrow closed / date took over operation: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature

OFFICE USE

NOTES:

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_