

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 permittee(s) of this permit. To validate the transfer of this permit and the liabilities associated with compliance of its terms and conditions, the transferee (new permittee) and transferor (former permittee) shall sign and date below (see instructions).

By signing and dating this transfer agreement, transferor (former permittee) agrees to transfer this permit to the transferee (new permittee) and transferee agrees to assume all liabilities associated with this permit and abide by all conditions of this permit.

TRANSFEEE INFORMATION			
COMPANY NAME			
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		
SIGNATURE	PRINT NAME	DATE	

TRANSFEROR INFORMATION			
COMPANY NAME			
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		
SIGNATURE	PRINT NAME	DATE	

It is the responsibility of the transferor to submit this completed Transfer Request document to the Office of Coastal Management (see instructions). The transferor and transferee shall retain an approved copy of this document for their files.

Approved this _____ day of _____, 20_____.

DEPARTMENT OF ENERGY AND NATURAL RESOURCES

Kyle F. Balkum, Administrator
Office of Coastal Management



COASTAL USE PERMIT TRANSFER INSTRUCTIONS

A permittee 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:** *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:** *This is where an authorized representative of the transferee (new permittee) 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 permittee).*
4. **Transferee Complete Mailing Address (print or type):** *This is the current and complete mailing address of the transferee (new permittee) who will be receiving the permit.*
5. **Transferor Signature:** *This is where an authorized representative of the transferor (former permittee) must sign and date the document.*
6. **Transferor Name (print or type):** *This is the printed name of the transferor, including company name (former permittee) 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 permittee) who will be transferring the permit.*

The completed Transfer Request form shall be uploaded to the comment section of the online permit file, emailed to DNROCMIntake@la.gov or 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 OCM by e-mail at OCMinfo@la.gov or by telephone at 225-342-7591.