



Seller's Application for Transferee Liability Certificate

The dealer referenced below, has sold or is selling his or her business or stock of goods, and is applying for a Transferee Liability Certificate for the period _____ through _____.

Name of Selling Dealer: _____

Mailing Address: _____

City, State, ZIP: _____

Business Partner Number: _____

When the audit is complete, send the certificate to:

Name of Purchaser: _____

Mailing Address: _____

City, State, ZIP: _____

I give the Department permission to include in the certificate, information about the requested audit which you may not, without permission, disclose without violating the confidentiality requirements of section 213.053, Florida Statutes.

Signature of Owner or Representative of Selling Dealer:

Name of Owner or Representative:

(Please print)

Telephone Number:

Mail to: General Tax Administration Program
Compliance Standards
PO Box 5139
Tallahassee, FL 32314-5139
Phone: 850-617-8565
Fax: 850-921-6174