|  |  |  |  |
| --- | --- | --- | --- |
| ***SCHEDULE 12-Trn*** | **TRANSFER OF A** |  |  |
|  | **CERTIFICATE OF NEED** |  | **AFFIDAVIT BY THE TRANSFEROR** |
| Page 1 of 1 |  |  |  |

**A.** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am authorized to represent the holder of

certificate of need number \_\_\_\_\_\_\_\_, issued to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**B**. I propose to transfer the certificate of need to another entity, who will be an applicant for approval of that transfer.

**C.** I understand that section 408.042, *Florida Statutes*, mandates that the holder of a certificate of need shall not charge a price for the transfer of the certificate of need to another person that exceeds the total amount of the actual costs incurred by the holder in obtaining the certificate of need.

**D.** I hereby attest that:

1. The costs incurred in obtaining the certificate of need were $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and

2. I have not charged the intended recipient of the transferred certificate of need a price in

excess of the costs incurred.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please type or print the above name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personally Known

Produced Identification \_\_ \_\_\_\_ Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_