

OUTDOOR ADVERTISING PERMIT CANCELLATION CERTIFICATION

INSTRUCTIONS (Please type or fill out in ink):

1. USE ONE (1) CANCELLATION CERTIFICATION FOR EACH SIGN LOCATION [MAXIMUM OF TWO (2) PERMITS].
2. NOTE: THE NAME, ADDRESS AND ACCOUNT NUMBER MUST BE THE SAME AS THE NAME, ADDRESS AND ACCOUNT NUMBER OF RECORD. THE ADDRESS OF RECORD WILL BE CHANGED IF "YES" IS CHECKED.
3. PERMIT OR PERMIT TAG NUMBERS MUST BE FILLED IN. THE DEPARTMENT WILL NOT COMPLETE THIS SECTION OF THE FORM FOR YOU. AN ORIGINAL SIGNATURE IN PART 2 IS REQUIRED.
4. INDICATE DATE OF REMOVAL AND STATUS OF EACH PERMIT TAG. PURSUANT TO SECTION 479.07, FLORIDA STATUTES, PERMIT TAGS WHICH ARE NOT RENEWED OR RETURNED TO THE DEPARTMENT MUST BE ACCOUNTED FOR IN WRITING.
5. THIS FORM IS NOT TO BE USED TO REQUEST REPLACEMENT PERMIT TAGS.
6. INCOMPLETE OR INCORRECT FORMS WILL BE RETURNED. **THE DEPARTMENT WILL NOT MAKE CHANGES TO THIS FORM.**
7. RETURN COMPLETED APPLICATION TO: FLORIDA DEPARTMENT OF TRANSPORTATION
STATE OUTDOOR ADVERTISING CONTROL OFFICE
605 SUWANNEE STREET, MAIL STATION 22
TALLAHASSEE, FL 32399-0450
For assistance in completing this form, please call (850) 414-4601

ACCOUNT NAME:	ACCOUNT NUMBER:		
ADDRESS OF RECORD: (Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No)			
CITY	STATE:	ZipCode:	TELEPHONE NUMBER:
IS/ARE PERMIT(S) BEING CONDITIONALLY CANCELLED AS A REQUIREMENT FOR ISSUANCE OF A NEW PERMIT? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, THIS CANCELLATION CERTIFICATION SHOULD BE SUBMITTED TO THE ADDRESS ABOVE WITH YOUR PERMIT APPLICATION. IF THE APPLICATION IS DENIED, THE REFERENCED PERMITS WILL NOT BE CANCELLED.			

LOCATION/STATUS INFORMATION. IN THE SPACES PROVIDED, PLEASE INDICATE THE COUNTY AND THE NAME AND NUMBER OF THE HIGHWAY TO WHICH THE SIGN IS PERMITTED, THE PERMIT OR PERMIT TAG NUMBER(S) TO BE CANCELLED, AND THE STATUS OF THE PERMIT TAG(S), AND THE DATE THE SIGN WAS OR WILL BE REMOVED.

COUNTY:	HIGHWAY NAME AND NUMBER:	PERMIT OR PERMIT TAG NUMBER TO CANCEL:
STATUS OF PERMIT TAG: <input type="checkbox"/> ENCLOSED <input type="checkbox"/> DESTROYED <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN	DATE SIGN REMOVED:	

COUNTY:	HIGHWAY NAME AND NUMBER:	PERMIT OR PERMIT TAG NUMBER TO CANCEL:
STATUS OF PERMIT TAG: <input type="checkbox"/> ENCLOSED <input type="checkbox"/> DESTROYED <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN	DATE SIGN REMOVED:	

NOTE: THE CERTIFICATION BELOW MUST BE EXECUTED BY THE OWNER OR AUTHORIZED REPRESENTATIVE OF THE BUSINESS, CORPORATION OR INDIVIDUAL HOLDING THE PERMIT(S):

I HEREBY CERTIFY THAT IT IS MY INTENT THAT THE ABOVE-REFERENCED PERMIT(S) BE CANCELLED. I FURTHER CERTIFY THAT I AM AUTHORIZED TO SIGN THIS CERTIFICATION ON BEHALF OF THE PERMIT HOLDER AND THAT ALL ENTITIES WITH A RIGHT TO ADVERTISE ON THE REFERENCED SIGN HAVE BEEN NOTIFIED OF THE PERMIT CANCELLATION.	
_____ (Signature of permit holder or representative)	_____ (Position or title)
_____ (Printed name of permit holder or representative)	_____ (Date)

FOR FDOT USE ONLY:

System update: _____ By: _____