

Commercial License Temporary Transfer Termination Request

Date:	
License Number:	
License Type(s):	
This is an official request to terminate the temporary transfer between	(Transferor –
name & dnrid #) and (Transferee-name & dnrid #).	(Transicion
All authorizations noted above that were transferred to (transferee name)	
will revert back to (transferor name) or	nce this request has
been processed.	
The Transferor is required to notify the Transferee prior to requesting termination of the temporary l	license transfer. Please
check all contact methods used to notify the Transferee:	
Phone Contact: Provide Number used to contact transferee ()	
☐ Spoke on phone	
☐ Text Message	
□ Left Voicemail	
□ Face to face: Date	
☐ In Writing: Provide mailing address and/or email address notification sent to:	
□ Othors	
□ Other:	
I certify under penalty of perjury that all information provided in this termination reques	st is correct to the
best of my belief.	
Transferor Signature Date	