

# TRANSFER FORM

**FOR DEPARTMENT USE ONLY:**

(Do not write above this line)

<p>A. Transferor(s) full name(s): _____</p>	<p>B. Percentage transferred: _____ %</p>	<p>C. DOE client ID: _____</p>
<p>D. Transferee(s) full name(s): _____</p>	<p>E. Percentage accepted: _____ %</p>	<p>F. DOE client ID: _____</p>
<p>G. Agreement(s) (type and number) being transferred or affected by transfer: _____</p>	<p>H. Transfer of part of location of agreement (description) to transferee(s). Complete Part I(2). _____</p>	
<p>I. The current designated representative will remain in effect unless one of the following sections is completed:</p> <p>1 <input type="checkbox"/> The following new representative is designated for the agreement(s) affected by this transfer. The new designated representative will replace any previous designated representative. Provide full name only of individual or corporation - address shown on AMI will be used:</p> <p>2 <input type="checkbox"/> The following representative is designated for the new agreement being issued for the part location set out in item "H". Provide full name only of individual or corporation - address shown on AMI will be used:</p> <p>_____</p>		
<p>J. This transfer is supported by valuable consideration passing from the transferee(s) to the transferor(s).</p>		
<p>K. This transfer may be executed in separate counterparts, and all of the executed counterparts shall together constitute one transfer and shall have the same force and effect as if all of the persons executing such counterparts had executed the same transfer.</p>		
<p>L. Dated this _____ day of _____, _____</p>		
<p>M. _____ Transferor</p> <p>_____ Signature</p> <p>_____ Printed name and capacity</p>	<p>_____ Transferee</p> <p>_____ Signature</p> <p>_____ Printed name and capacity</p>	
<p>N. _____ Previous Designated Representative</p> <p>_____ Signature</p> <p>_____ Printed name and capacity</p>	<p>_____ New Designated Representative</p> <p>_____ Signature</p> <p>_____ Printed name and capacity</p>	