



# Purchaser's Application for Transferee Liability Certificate

DR-843  
R. 12/15

\_\_\_\_\_ has purchased or is purchasing a business or stock of goods from:

\_\_\_\_\_  
(Name of Selling Dealer)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Business Partner Number

The purchaser is requesting a Transferee Liability Certificate for the period \_\_\_\_\_  
through \_\_\_\_\_ .

Purchaser's signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please attach documentation to this form to verify the sale or proposed sale of the business.

**NOTE** - The Department will only deliver the certificate to the seller of the business, unless the Department asserts **transferee** liability against you or other responsible person(s), based on the contents of the certificate.

When complete, mail the form to:

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