



SunPass® Account Ownership Transfer Form

Current Owner of Transponder(s):

I, _____, authorize FDOT/ SunPass® to transfer ownership of the following transponder(s):

Transponder # -0110 Transponder # -0110

Transponder # -0110 Transponder # -0110

Any balance remaining on the above transponder(s) will be refunded prior to completing the requested transfer.

I would like to close my existing SunPass® account. Y N (Please circle one)
- By closing your account, a refund of the remaining account balance will be requested.

→ Signed: _____ Date: : _____
(Signature is required)

County of _____
State of Florida

The foregoing instrument was acknowledged before me this ___ day of ___, 20__ by _____, who was by me duly sworn and who did take an oath.

- Personally Known to me _____ OR Produced the following type of Identification (circle one):
1. A Florida Drivers license or Florida Identification Card.
 2. Driver's License issued by the State of _____.
 3. Passport issued by the Department of State of the United States.
 4. An Identification card issued by any branch of the U.S. Armed Forces.
 5. An identification card issued by the United States Bureau of Citizenship and Immigration Service.

Commission Stamp with expiration date:

Signature of Notary Public

Name of Notary (Printed or Typed)

Important:
Both parties must complete and sign/notarize this form
If opening a new account, please return this form along with a SunPass® Personal Account Application filled out by the new account/transponder owner.
You may fax the form(s) to 1-888-265-1725 or mail to 7941 Glades Road- Boca Raton, Florida 33434.
SunPass® will notify the new account holder when the change has been done, generally within one week of receipt..



SunPass® Account Ownership Transfer Form

New Owner of Transponder(s):

I have an existing SunPass® Account in my name (Account # _____)

I am opening a new SunPass® account. If you do not have a SunPass® Account in your name, you must complete and submit a new SunPass Account Application.

I, _____, accept responsibility of the aforementioned transponder(s)

→ Signed: _____ Date: _____
(Signature is required)

County of _____
State of Florida

The foregoing instrument was acknowledged before me this ___ day of ___, 20__ by _____, who was by me duly sworn and who did take an oath.

- Personally Known to me _____ OR Produced the following type of Identification (circle one):
1. A Florida Drivers license or Florida Identification Card.
 2. Driver's License issued by the State of _____.
 3. Passport issued by the Department of State of the United States.
 4. An Identification card issued by any branch of the U.S. Armed Forces.
 5. An identification card issued by the United States Bureau of Citizenship and Immigration Service.

Commission Stamp with expiration date:

Signature of Notary Public

Name of Notary (Printed or Typed)

This section is for FDOT/SunPass Use Only

Employee Name: _____

Employee ID: _____

Date Processed: _____