

## Request for Reinstatement

To request reinstatement of your motor carrier Certificate, please complete the following form.

The request can be submitted via mail, fax, or email to the Public Service Commission and the Office of Regulatory Staff, as follows:

**Public Service Commission  
Clerk's Office  
101 Executive Center Drive, Suite 100  
Columbia, SC 29210  
Fax: 803-896-5199  
Email: Contact@psc.sc.gov**

AND

**Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, SC 29201  
Email: Transportation@ors.sc.gov**

You may reach the Clerk's Office with the Public Service Commission of South Carolina at 803-896-5100.

**I am requesting reinstatement of my motor carrier certificate. My certificate was revoked for the following reason:**

<input type="checkbox"/> Failure to provide insurance.
<input type="checkbox"/> Failure to pay vehicle registration.
<input type="checkbox"/> Failure to pay gross receipts assessment, file annual reports, and/or file gross receipts. <i>(Class E reinstatement requests must include a copy of last annual report and/or gross receipts filed.)</i>
<input type="checkbox"/> Other (please specify): _____

**Certificate Name:** \_\_\_\_\_

**Certificate Type:**

- |   |  |
|---|--|
| <input type="checkbox"/> Class C Taxi Certificate               | <input type="checkbox"/> Class C Stretcher Van Certificate   |
| <input type="checkbox"/> Class C Charter Certificate            | <input type="checkbox"/> Class C Non-Emergency Certificate   |
| <input type="checkbox"/> Class C Charter Bus Certificate        | <input type="checkbox"/> Class E Household Goods Certificate |
| <input type="checkbox"/> Class E Hazardous Material Certificate |  |

**Certificate Number:** \_\_\_\_\_

**Docket Number:** \_\_\_\_\_

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**Motor Carrier Address**

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**Authorized Signature**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address