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 <u>and</u> the Office of Regulatory Staff, as follows:

AND

Public Service Commission Clerk's Office 101 Executive Center Drive, Suite 100 Columbia, SC 29210 Fax: 803-896-5199

Email: Contact@psc.sc.gov

Office of Regulatory Staff
Transportation Department
1901 Main Street, Suite 1500
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 My certificate was revoked for the following reason:

☐ Failure to provide insurance	ce.	
☐ Failure to pay vehicle regis	tration.	
☐ Failure to pay gross receip	ts assessment, file	e annual reports, and/or file gross receipts. (Class E
		ast annual report and/or gross receipts filed.)
☐ Other (please specify):		
Certificate Name:		
Certificate Type:		
☐ Class C Taxi Certificate		☐ Class C Stretcher Van Certificate
☐ Class C Charter Certificate		☐ Class C Non-Emergency Certificate
☐ Class C Charter Bus Certificate		☐ Class E Household Goods Certificate
☐ Class E Hazardous Mater	al Certificate	
Cartificata Number		
Docket Number:		
Motor Carrier Address		
Authorized Signature		
Print Name	 Title	Date
Email Address		