Request for Suspension of Motor Carrier Certificate

To request suspension 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

| Ple | ease | consid | er this | a | request | to | suspend | my: |
|-----|------|--------|---------|---|---------|----|---------|-----|
|-----|------|--------|---------|---|---------|----|---------|-----|

| ☐ Class C Taxi Certificate | ☐ Class A Certificate |
|--|--------------------------------------|
| ☐ Class C Charter Certificate | ☐ Class A/Restricted Certificate |
| ☐ Class C Charter Bus Certificate | ☐ Class C Stretcher Van Certificate |
| ☐ Class E Household Goods Certifica | te Class C Non-Emergency Certificate |
| | |
| | |
| My Certificate Number is: | |
| My Docket Number is: | |
| Requested Length of Suspension (no l | longer than 12 months is allowed): |
| | - |
| Motor Carrier Name (include DBA, if applica | hla) |
| Wiotor Carrier Name (include DDA, il applica | bie) |
| Motor Carrier Address | |
| | |
| Authorized Signature | |
| | |
| Print Name | Title Date |
| | |
| Fmail Address | |