

**PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
REQUEST FOR REINSTATEMENT OF SUSPENDED AUTHORITIES**

CARRIER NAME (NO DBAs)	TCP NUMBER
ADDRESS	
CITY, STATE, ZIP CODE	
AREA CODE AND TELEPHONE NUMBER	
COMPANY EMAIL ADDRESS	

RETURN COMPLETED FORM TO:
California Public Utilities Commission
License Section
505 Van Ness Avenue
San Francisco, CA 94102

OR EMAIL TO: licensing@cpuc.ca.gov

This form is to be completed and returned at the time you desire **reinstatement of your authority from voluntary suspension**. In addition, you must **have all required proof of insurance(s) on file and submit a completed PL 664 (Equipment Statement)** with this form.

Failure to accurately complete this form may delay reinstatement of your authorities.

THE UNDERSIGNED REQUESTS THE REINSTATEMENT OF THE OPERATING AUTHORITIES CHECKED BELOW:

- | | |
|--|---|
| <input type="checkbox"/> CHARTER PARTY CLASS "A" CERTIFICATE | <input type="checkbox"/> CHARTER PARTY CLASS "P" PERMIT |
| <input type="checkbox"/> CHARTER PARTY CLASS "B" CERTIFICATE | <input type="checkbox"/> CHARTER PARTY CLASS "S" PERMIT |
| <input type="checkbox"/> CHARTER PARTY CLASS "C" CERTIFICATE | <input type="checkbox"/> CHARTER PARTY CLASS "Z" PERMIT |

CERTIFICATION

I certify under penalty of perjury that the foregoing list and any attachments of all vehicles used in transportation for compensation by the carrier are true and correct. Where the CPUC operating authority is held by a corporation, I further certify that I am an officer of the corporation and am authorized to make the certification on its behalf.

Date: _____

Signature

Print Name

Title