

**CALIFORNIA PUBLIC UTILITIES COMMISSION
REQUEST FOR REVOCATION OF OPERATING AUTHORITIES**

NAME OF COMPANY	PSG NUMBER
ADDRESS	
CITY, STATE, ZIP CODE	
AREA CODE AND TELEPHONE NUMBER ()	

RETURN COMPLETED FORM TO:
CALIFORNIA PUBLIC UTILITIES COMMISSION
LICENSE SECTION
505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298
or licensing@cpuc.ca.gov

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

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

Revocation request because: _____

The date of voluntary revocation will be the date the form received by the CPUC. Please allow 7-10 business days for Processing

I/we understand that I am hereby requesting permanent and final revocation of the permit(s) and/or certificate(s) checked above.

Date: _____

Print Name

Signature of Applicant(s)

If applicant is a corporation:

Signature of Corporate Officer

Title of Corporate Officer