

REQUEST FOR VOLUNTARY WITHDRAWAL MOTOR CARRIER PERMIT

MOTOR CARRIER LEGAL NAME

BUSINESS ADDRESS	CITY	STATE	ZIP CODE	NEW ADDRESS
				Yes No
MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)	CITY	STATE	ZIP CODE	NEW ADDRESS
				Yes No
TELEPHONE NUMBER				NEW TELEPHONE NUMBER
<u>(</u>)				Yes No

The undersigned motor carrier requests to voluntarily withdraw the authority to operate as a motor carrier in California effective ______.

ENTER DATE (MM/DD/YYYY)

The motor carrier understands that authority to operate can be reinstated upon submitting:

- 1. An Application for Motor Carrier Permit (MC 706 M).
- 2. Acceptable evidence of liability insurance:
 - Certificate of Insurance (MC 65 M)
 - Surety Bond (MC 55 M)
 - Certificate of Self Insurance (MC 131 M)

3. Proof of workers' compensation insurance:

- Certificate of Insurance (MC 65 M)
- · Certificate of Insurance submitted by State Compensation Insurance Fund
- · Certificate of Consent to Self Insure issued by the Department of Industrial Relations
- · Certify exemption from the workers' compensation laws of California

4. Payment of all fees due.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE	DATE
X	
PRINTED NAME	TITLE

Note: To avoid suspension of your Motor Carrier Permit submit the Request for Voluntary Withdrawal prior to cancelling your insurance.

OVERNIGHT MAIL:

If you have any questions, need additional forms, or assistance in completing this form, please call (916) 657-8153.

Make a copy for your records and mail the completed and signed form:

REGULAR MAIL:

DEPARTMENT OF MOTOR VEHICLESDEPARTMENT OF MOTOR VEHICLESREGISTRATION OPERATIONS DIVISION MS H-875REGISTRATION OPERATIONS DIVISION MS H-875P. O. BOX 9323702415 1ST AVENUESACRAMENTO, CA 94232-3700SACRAMENTO, CA 95818