



CA NUMBER (ISSUED BY CHP)

REQUEST FOR VOLUNTARY WITHDRAWAL PRIVATE CARRIER OF PASSENGERS CERTIFICATE

PRIVATE CARRIER OF PASSENGERS LEGAL NAME _____

BUSINESS ADDRESS	CITY	STATE	ZIP CODE	NEW ADDRESS <input type="checkbox"/> Yes <input type="checkbox"/> No
MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)	CITY	STATE	ZIP CODE	NEW ADDRESS <input type="checkbox"/> Yes <input type="checkbox"/> No
TELEPHONE NUMBER ()	EMAIL			NEW TELEPHONE NUMBER <input type="checkbox"/> Yes <input type="checkbox"/> No

The undersigned private carrier of passengers requests to voluntarily withdraw the authority to operate as a private carrier of passengers in California effective _____
ENTER DATE (MM/DD/YYYY)

The private carrier of passengers understands that authority to operate can be reinstated upon submitting:

1. An Application for Private Carrier of Passengers Certificate (REG 1300).
2. Acceptable evidence of liability insurance:
 - Certificate of Insurance (REG 1323)
 - Liability Bond (REG 1327)
3. 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 X	DATE
PRINTED NAME	TITLE

Note: To avoid suspension of your Private Carrier of Passengers Certificate submit the Request for Voluntary Withdrawal prior to cancelling your insurance.

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 VEHICLES
REGISTRATION OPERATIONS DIVISION MS H-875
P. O. BOX 932370
SACRAMENTO, CA 94232-3700

OVERNIGHT MAIL:

DEPARTMENT OF MOTOR VEHICLES
REGISTRATION OPERATIONS DIVISION MS H-875
2415 1ST AVENUE
SACRAMENTO, CA 95818