**REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)**

| **File the original with:** | **Mail or fax a copy to:** |
|---|---|
| **Public Service Commission of South Carolina**<br>**Clerk's Office**<br>**Motor Carrier Matters**<br>**P.O. Box 11649**<br>**Columbia, S.C. 29211**<br>**(803) 896 – 5100**<br>**FAX (803) 896-5199** | **S.C. Office of Regulatory Staff**<br>**Transportation Department**<br>**1401 Main Street, Suite 900**<br>**Columbia, S.C. 29201**<br>**(803) 737-0578**<br>**FAX (803) 737-0815** |

DATE: _____

Please consider this as my Request for ***Suspension*** of:

☐ Class C Taxi Certificate Number _____

☐ Class C Charter Certificate Number _____

☐ Class C Charter Bus Certificate Number _____

☐ Non-Emergency Certificate Number _____

☐ Class E Household Goods Certificate Number _____

☐ Class E Hazardous Wastes Certificate Number _____

I request that my certificate be suspended until _____.

Date: (XX/XX/XXXX)

_____ D/B/A _____

(Name of Company) (if applicable)

_____ _____

(Street and or Mailing Address) (City, State, Zip Code)

_____ _____

(Telephone Number) (Signature and Title, i.e, President, Owner)

**Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.**

**Reason for Request for Suspension of Operations:**

_____

_____

_____

_____

_____