

CLASS C AMENDMENT FORM

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| Mail or Fax a copy of this form to: Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210 PHONE (803) 896-5100 FAX (803) 896-5199 | Need Assistance with completing the Form? SC Office of Regulatory Staff Transportation Department PHONE: (803) 737-0800 |
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DATE: _____

I have the following Certificate:

Class C Taxi # _____ Class C Charter # _____ Class C Charter Bus # _____
 Class C Non-Emergency # _____ Class C Stretcher Van# _____

Please consider this as my request for the following amendment(s) to my Certificate:

Name Change

From: _____ DBA: _____
(Current Name) (Current DBA if applicable)

TO: _____ DBA: _____
(New Name) (New DBA if applicable)

Scope of Authority

From: _____ To: _____
(Current Scope) (New Scope)

Passenger Limit

From: _____ To: _____
(Current Limit Number) (New Limit Number)

(Name & DBA if DBA is applicable)

(Street and/or Mailing Address)

(City, State, Zip Code)

(Signature)

(Telephone Number)

(Title) Owner, President, etc.