

CLASS C REINSTATEMENT FORM

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: _____

Please consider this an application for Reinstatement of my:

- Taxi Certificate Number _____
- Charter Certificate Number _____
- Charter Bus Certificate Number _____
- Non-Emergency Certificate Number _____
- Stretcher Van Certificate Number _____

My certificate was revoked/cancelled on _____ because _____
(DATE)

I am seeking reinstatement because _____

_____ DBA _____
(Name of Company) (if applicable)

_____ (Street Address) _____ (Mailing Address if different from Street Address)

_____ (City, State, Zip Code) _____ (Signature)

_____ (Telephone Number) _____ (Title) Owner, President, etc.