



DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

REQUEST FOR REVOCATION OF REGISTRATION

Docket No. _____

Name of carrier, freight forwarder, or broker making request

Address, City, State, Zip Code of requesting carrier

For the reasons stated below, this carrier, freight forwarder, or broker, which is the holder of the above-identified permit(s), certificate(s), or license(s), hereby requests revocation of such registration to the extent specified, in accordance with the provisions of 49 U.S.C. 13905.

Reason for request for revocation:

It is clearly understood that upon revocation of this registration, operations that are revoked may not be resumed unless this authority is reinstated or other registration has been issued.

Type/print name of person authorized to submit this request

Daytime Telephone Number

Signature of person authorized to submit this request

Date

Note: Signature must be notarized OR signed in the presence of a FMCSA staff member.

Affix Notary Seal

City/County:

OR

State:

Subscribed and sworn to before me this _____

day of _____, 20

Signature of FMCSA Staff Member

Date

Title

My Commission Expires: _____

**PLEASE RETURN YOUR REQUEST FOR REVOCATION OF AUTHORITY
FORM OCE-46**

TO:

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
INSURANCE COMPLIANCE DIVISION**

SUITE: 600

**400 VIRGINIA AVE., SW
WASHINGTON, DC 20024**

The attached Form OCE-46, Request for Revocation, must be completed (the docket number and the complete name of the carrier) and notarized, in order that FMCSA may process your request. All questions should be directed to the Insurance Compliance Division at (202) 385-2423.