USDOT Number:_____ Date Received:_____

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.

United States Department of Transportation
Federal Motor Carrier Safety Administration

Notice of Cancellation

Motor Carrier Insurance under 49 U.S.C. 13906

FORM BMC-35

Check coverage cancelled:
Cargo: BMC-34 ☐
Public Liability: BMC-91 ☐ BMC-91X ☐
from $ _____
to $ _____

This is to advise that, under the terms of a policy or policies issued to:

_____
(Name of Motor Carrier)

_____ _____ _____ _____
(Street) *(City)* *(State)* *(Zip)*

by: _____
(Name of Insurance Company)

_____ _____ _____ _____
(Street) *(City)* *(State)* *(Zip)*

The endorsement(s) and certificate(s) issued in connection therewith, as indicated herein, are hereby cancelled, effective as of the _____ day of _____, _____, 12:01 a.m., standard time at the address of the insured as stated in said policy or policies, provided said date is not less than thirty (30) days after the receipt of this notice by the FMCSA.

_____
(Insurance Company Policy Number)

_____
(Name of authorized representative)

_____
(Signature of authorized representative)

_____
(Date of signature)

Filings must be transmitted online via the Internet at http://www.fmcsa.dot.gov/urs.