

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.



Motor Carrier and Broker's Surety Bonds under 49 U.S.C. 13906

Notice of Cancellation

FORM BMC-36

This is to advise that, under the terms of surety bond(s) executed in behalf of:

(Name of Principal)

(Street) (City) (State) (Zip)

by: _____
(Name of Surety)

(Street) (City) (State) (Zip)

said bond(s), including any and all riders or certificates attached thereto or issued in connection therewith, is (are) hereby canceled, effective as of the _____ day of _____, _____, 12:01 a.m., standard time, at the address of the Principal as stated in said bond(s), provided said date is not less than thirty (30) days after the receipt of this notice by the FMCSA.

(Surety Company File 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>.