

**CALIFORNIA PUBLIC UTILITIES COMMISSION
REQUEST FOR REVOCATION OF OPERATING AUTHORITIES**

NAME OF COMPANY	T-NUMBER or PSG NUMBER
ADDRESS	
CITY, STATE, ZIP CODE	
AREA CODE AND TELEPHONE NUMBER	

RETURN COMPLETED FORM TO:
CALIFORNIA PUBLIC UTILITIES
COMMISSION
LICENSE SECTION
505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102

OR EMAIL TO:
LICENSING@CPUC.CA.GOV

THE UNDERSIGNED REQUESTS REVOCATION OF THE OPERATING AUTHORITIES CHECKED BELOW:

- | | |
|---|--|
| <input type="checkbox"/> HOUSEHOLD GOODS CARRIER PERMIT | <input type="checkbox"/> CHARTER PARTY CLASS "A" CERTIFICATE |
| <input type="checkbox"/> CHARTER PARTY "P" PERMIT | <input type="checkbox"/> CHARTER PARTY CLASS "B" CERTIFICATE |
| <input type="checkbox"/> CHARTER PARTY "S" PERMIT | <input type="checkbox"/> CHARTER PARTY CLASS "C" CERTIFICATE |
| <input type="checkbox"/> CHARTER PARTY "Z" PERMIT | |

Revocation requested because: _____

The last day of operation under the above permit(s) and/or certificate(s) was _____

I/we understand that I am hereby requesting permanent and final revocation of the permit(s) and/or certificate(s) checked above.

Date: _____

Print Name

Signature of Applicant(s)

If applicant is a corporation:

Signature of Corporate Officer

Title of Corporate Officer