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Case No. _____
 PIN _____
 Sub No. _____

TDF 8
Application for Reinstatement

OAC 165:30-3-103; 165:30-9-45; 165:30-11-44; 165:30-13-93; 165:30-15-36; 165:30-17-54

1. USDOT Number _____ FEIN/SSN _____

2. Carrier Name (as shown on license) _____
 Carrier DBA (as shown on license) _____

3. Addresses and Contact Information

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Mailing Address 1 c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone No. _(_____) _____ Fax No. _(_____) _____ Email _____ | Mailing Address 2 c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone No. _____ Fax No. _____ Email _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

Should the address on file be changed to reflect the addresses above? YES NO

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Carrier's Physical Address or Location Street _____ City, State, Zip _____ | Carrier's Contact Person _____ Telephone # _(_____) _____ Domicile County _____ Principle Place of Business State (PPB) _____ |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|

4. Applicant Is Applying for Reinstatement of (Check All That Apply):

- | | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Intrastate For-Hire Motor Carrier License | <input type="checkbox"/> Intrastate Private Motor Carrier License |
| <input type="checkbox"/> Household Goods Certificate or Permit | <input type="checkbox"/> Interstate Registration Certificate (IRC) |
| <input type="checkbox"/> Single State Registration System Registration (SSRS) | <input type="checkbox"/> Deleterious Substance Transport Permit (DSTP) |
| <input type="checkbox"/> Hazardous Waste Registration or Permit | |

5. Cancellation Reason (Check One):

- | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Failure to Maintain Liability Insurance on File | <input type="checkbox"/> Failure to Maintain Cargo Insurance on File |
| <input type="checkbox"/> Failure to Pay Fine | <input type="checkbox"/> Failure to File Annual Report |
| <input type="checkbox"/> Other - Must Specify _____ | |

6. In narrative form, provide details as to why this Commission should grant applicant's request for reinstatement. A separate sheet of paper may be utilized if desired. Copies of supporting documentation should be attached.

The Applicant hereby declares that requirements for its license(s) / credential(s) are currently on file and in effect at this time. The Applicant further declares that all statements and representations appearing in the foregoing application and all addendums are based upon its knowledge of the matters referred to and are true and correct.

Applicant's Signature _____ Applicant's Title _____

Attorney's Signature _____ Telephone No. _____
 (_____) _____

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission expires _____ Notary Public _____



OKLAHOMA CORPORATION COMMISSION
Transportation Division
P.O. Box 52000, Oklahoma City, Oklahoma 73152-2000
Jim Thorpe Office Building, Room 312, Oklahoma City, OK 73105
(405) 521-2251 Fax No. (405) 521-2916
Internet Address <http://www.occ.state.ok.us>

INSTRUCTIONS

Application must be filed with **original application, all appendices and three copies of the entire application**. Please print or type application. Application must be filed in the same name and dba as previously on file.

Application must be notarized and submitted with \$100 filing fee for reinstatement of intrastate operations or \$25 filing fee for reinstatement of interstate operations.

If this application is filed in the Commission's Court Clerk's office by 4:00 p.m. Wednesday, the hearing will generally be scheduled for Courtroom "B" the following Tuesday at 9:00 a.m. Neither the Applicant nor Applicant's attorney will be contacted as to the hearing date. You may desire to contact the Requirements Section at (405) 521-2251 for verification of hearing date. **An appearance at the scheduled hearing is required.**

If, after the hearing, the Commission should grant the Applicant's request for reinstatement, appropriate requirements must be current and all fines paid prior to a reinstatement order being issued. Please review this Commission's motor carrier rules for further information.