

**CLASS E AMENDMENT FORM**

<b>Mail or Fax a copy of this form to:</b>  <b>Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210</b>  <b>PHONE (803) 896-5100 FAX (803) 896-5199</b>	<b>Need Assistance with completing the Form?</b>  <b>SC Office of Regulatory Staff Transportation Department</b>  <b>PHONE: (803) 737-0800</b>
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DATE: \_\_\_\_\_

I have the following Certificate of Public Convenience and Necessity:

Class E Household Goods # \_\_\_\_\_  Class E Hazardous Waste # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

**Name Change**  
From: \_\_\_\_\_ (Current Name)                      \_\_\_\_\_ (Current DBA, if Applicable)  
To: \_\_\_\_\_ (New Name)                                      \_\_\_\_\_ (New DBA, if Applicable)

**Scope of Authority**  
\_\_\_\_\_ (Current Scope)                                      \_\_\_\_\_ (New Scope)

**(NOTE: All requests for expanded scope of authority for household goods movers require the filing of a full application and a formal hearing before the Public Service Commission. Any request to expand beyond three contiguous counties requires additional justification and will require the presentation of a shipper witness(s) at the hearing before the PSC.)**

**Tariff (change in rates, fuel surcharge, etc. Attach any appropriate documentation)**

\_\_\_\_\_ (Name)                                      \_\_\_\_\_ (DBA if applicable)  
\_\_\_\_\_ (Street and/or Mailing Address)                                      \_\_\_\_\_ (City, State, Zip Code)  
\_\_\_\_\_ (Signature)                                      \_\_\_\_\_ (Title) Owner, President, etc.  
\_\_\_\_\_ (Telephone Number)