

REQUEST FOR SUSPENSION FORM

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

Please consider this as my Request for **Suspension** of:

- Class C Taxi Certificate Number \_\_\_\_\_
- Class C Charter Certificate Number \_\_\_\_\_
- Class C Charter Bus Certificate Number \_\_\_\_\_
- Non-Emergency Certificate Number \_\_\_\_\_
- Class E Household Goods Certificate Number \_\_\_\_\_
- Class E Hazardous Wastes Certificate Number \_\_\_\_\_

I request that my certificate be suspended until \_\_\_\_\_

Date: (mm/dd/yyyy)

\_\_\_\_\_ D/B/A \_\_\_\_\_  
 (Name of Company) (if applicable)

\_\_\_\_\_ \_\_\_\_\_  
 (Street and or Mailing Address) (City, State, Zip Code)

\_\_\_\_\_ \_\_\_\_\_  
 (Telephone Number) (Signature and Title, i.e, President, Owner)

**Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.**

**Reason for Request for Suspension of Operations:**

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