

CLASS E REINSTATEMENT FORM

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

Please consider this an application for Reinstatement of my:

- Class E Household Goods Certificate (See attached form and provide documentation)
- Class E Hazardous Waste Certificate

My Certificate of Public Convenience and Necessity No. is _____. My certificate was
revoked/cancelled on _____ because _____

_____. I am seeking reinstatement because _____

_____.

(Name of Company)

(DBA if applicable)

(Street Address)

(Mailing Address, City, State, Zip Code)

(City, State, Zip Code)

(Signature)

(Telephone Number)

(Title) Owner, President, etc.