



VOLUNTARY DISCONTINUANCE OF AUTHORITY

CERTIFICATE / PERMIT NO.	NAME OF CARRIER	TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

THE FOLLOWING AUTHORITY CURRENTLY STANDING IN THE ABOVE NAME AND CERTIFICATE / PERMIT NUMBER IS NO LONGER NEEDED:

- | | |
|--|---|
| <input type="checkbox"/> CLASS 1A PERMIT FOR-HIRE INTRASTATE COMMODITIES (EXCEPT HOUSEHOLD GOODS) | <input type="checkbox"/> 7W OPERATIONS |
| <input type="checkbox"/> 1P CERTIFICATE FOR REGULAR ROUTE SCHEDULED TRANSPORTATION OF PASSENGERS | <input type="checkbox"/> PRIVATE CARRIAGE |
| <input type="checkbox"/> 1C / 1G CERTIFICATE TO TRANSPORT HOUSEHOLD GOODS INTRASTATE | <input type="checkbox"/> INTERSTATE FOR-HIRE CARRIAGE |
| <input type="checkbox"/> CLASS 1B PERMIT FOR-HIRE LOCAL CARTAGE OF HOUSEHOLD GOODS WITHIN DESIGNATED AREAS | <input type="checkbox"/> FARM CERTIFICATE |
| <input type="checkbox"/> CLASS 1R PERMIT FOR OTHER THAN REGULAR ROUTE TRANSPORTATION OF PASSENGERS | |
| <input type="checkbox"/> PLEASE AUDIT, CLOSE, AND REFUND ANY MONIES ON ACCOUNT | |

EFFECTIVE DATE _____ REASON _____

I (WE) WILL/HAVE SURRENDER(ED) ALL OUTSTANDING ODOT PLATE(S).

NOTE: YOU MUST PROVIDE US WITH YOUR CURRENT ADDRESS AND PHONE NUMBER UNTIL YOUR ACCOUNT IS CLOSED.

I (WE) HEREBY REQUEST THE OREGON DEPARTMENT OF TRANSPORTATION TO CANCEL THIS AUTHORITY AND WAIVE NOTICE AND HEARING IN CONNECTION WITH THIS PROCEEDING.

TO BE COMPLETED BY OWNER, PARTNERS, CORPORATE OFFICER, MANAGER / MEMBER OF LIMITED LIABILITY COMPANY (LLC)			
SIGNATURE	PRINTED NAME	TITLE	DATE
SIGNATURE	PRINTED NAME	TITLE	DATE
SIGNATURE	PRINTED NAME	TITLE	DATE
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**PLEASE RETURN THIS FORM TO: OREGON DEPARTMENT OF TRANSPORTATION
 COMMERCE AND COMPLIANCE DIVISION
 455 AIRPORT ROAD SE BUILDING A
 SALEM OR 97301**