OKLAHOMA Corporation Commission

10075

OAC 165:30-13-93; OAC 165:5-3-1

USDOT No.   _____
PIN   _____
SUB NO.   _____

MCF 8
Application for Reinstatement Of
Household Goods Certificate

1. USDOT Number_____   FEIN/SSN _____

2. Carrier Name (as shown on license) _____

    Carrier DBA (as shown on license)_____

3. Addresses and Contact Information

<table>
<tr><td>

Mailing Address 1
c/o _____
P.O. or Street_____
City, State, Zip _____

Telephone No.(_____)_____
Fax No. (_____)_____
Email _____
</td><td>

Mailing Address 2
c/o _____
P.O. or Street_____
City, State, Zip_____

Telephone No._____
Fax No. _____
Email _____
</td></tr>
</table>

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

<table>
<tr><td>

Carrier's Physical Address or Location
Street _____
City, State, Zip_____
</td><td>

Carrier's Contact Person _____
Telephone # (_____)_____
Domicile County _____
Principle Place of Business State (PPB) _____
</td></tr>
</table>

4. If you also hold an Intrastate Motor Carrier License/Permit do you want to reinstate the License/Permit?   ❏Yes ❏No

5. Cancellation Reason (Check One):

    ❏ Failure to Maintain Liability Insurance on File   ❏ Failure to Maintain Cargo Insurance on File

    ❏ Failure to Pay Fine   ❏ 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 (if any) _____   Telephone No. (_____)_____

OCC_TR_Req_MCF8_07-01-2020

Original application must be submitted with **$250.00** filing fee. Please print or type application. Application must be filed in the same name and dba as previously on file.

Application for reinstatement must be filed within three (3) months from the date the certificate, permit, or license was cancelled by law or by Commission order and may be approved by the Director for Administrative reinstatement. Application not approved for administrative reinstatement may be set for hearing.

No reinstatement shall be issued until all requirements of the certificate have been fulfilled

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