



OAC 165:30-3-103; OAC 165:30-15-36; OAC 165:5-3-1

USDOT No. _____
PIN _____
SUB NO. _____

TDF 8
Application for Reinstatement

1. USDOT Number _____ FEIN/SSN _____
2. Carrier Name (as shown on license) _____
Carrier DBA (as shown on license) _____
3. Addresses and Contact Information

Mailing Address 1	Mailing Address 2
c/o _____	c/o _____
P.O. or Street _____	P.O. or Street _____
City, State, Zip _____	City, State, Zip _____
Telephone No. (_____) _____	Telephone No. _____
Fax No. (_____) _____	Fax No. _____
Email _____	Email _____

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

Carrier's Physical Address or Location	Carrier's Contact Person
Street _____	Carrier's Contact Person _____
City, State, Zip _____	Telephone # (_____) _____
	Domicile County _____
	Principle Place of Business State (PPB) _____

4. Applicant Is Applying for Reinstatement of (Check One):
 Intrastate For-Hire Motor Carrier License
 Intrastate Private Motor Carrier License
5. Cancellation Reason (Check One):
 Failure to Maintain Liability 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 / credential 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. (_____) _____

INSTRUCTIONS

FAX NO. (405) 521-2916

INTERNET ADDRESS <http://www.occeweb.com>

Original notarized application must be submitted with **\$100.00** 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 license have been fulfilled