STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

Registration Operations Division
P.O. Box 932370 MS G875
Sacramento, CA 94232-3700
(916) 657-8153

REQUEST FOR VOLUNTARY TERMINATION OF MOTOR CARRIER PERMIT CERTIFICATE OF SELF INSURANCE

MOTOR CARRIER NAME			CA NUMBER	
BUSINESS ADDRESS	CITY		STATE	ZIP CODE
MAILING ADDRESS (*IF DIFFERENT THAN BUSINESS ADDRESS*)	CITY		STATE	ZIP CODE
BUSINESS TELEPHONE NUMBER				

The above motor carrier requests to voluntarily terminate their self-insurance method for compliance with the proof of financial responsibility requirement for the Motor Carrier Permit Program pursuant to California Vehicle Code (CVC) Section 34630.

The termination is effective _____ /_____ /_____.
MONTH DAY YEAR

The above motor carrier understands that this self-insurance method of compliance with the proof of financial responsibility requirement pursuant to CVC Section 34630 may be reinstated at any time upon filing a new Motor Carrier Permit Application for Certificate of Self-Insurance form (MC 130 M) and an Assignment for a Motor Carrier Permit Certificate of Self Insurance form (MC 133 M).

If the assigned deposit was released to the above listed motor carrier, submission of a deposit(s) in the appropriate amount(s) pursuant to CVC Section 34631.5, subdivision (a), paragraphs (1) and (2) is required.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED NAME	TITLE
SIGNATURE **X**	DATE