

**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