



MOTOR CARRIER (CA) #

## REQUEST FOR VOLUNTARY WITHDRAWAL MOTOR CARRIER PERMIT

MOTOR CARRIER LEGAL NAME				
BUSINESS ADDRESS	CITY	STATE	ZIP CODE	NEW ADDRESS <input type="checkbox"/> Yes <input type="checkbox"/> No
MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)	CITY	STATE	ZIP CODE	NEW ADDRESS <input type="checkbox"/> Yes <input type="checkbox"/> No
TELEPHONE NUMBER (    )				NEW TELEPHONE NUMBER <input type="checkbox"/> Yes <input type="checkbox"/> No

The undersigned motor carrier requests to voluntarily withdraw the authority to operate as a motor carrier in California effective \_\_\_\_\_  
ENTER DATE (MM/DD/YYYY)

The motor carrier understands that authority to operate can be reinstated upon submitting:

1. An Application for Motor Carrier Permit (MC 706 M).
2. Acceptable evidence of liability insurance:
  - Certificate of Insurance (MC 65 M)
  - Surety Bond (MC 55 M)
  - Certificate of Self Insurance (MC 131 M)
3. Proof of workers' compensation insurance:
  - Certificate of Insurance (MC 65 M)
  - Certificate of Insurance submitted by State Compensation Insurance Fund
  - Certificate of Consent to Self Insure issued by the Department of Industrial Relations
  - Certify exemption from the workers' compensation laws of California
4. Payment of all fees due.

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

SIGNATURE	DATE
<b>X</b>	
PRINTED NAME	TITLE

**Note: To avoid suspension of your Motor Carrier Permit submit the Request for Voluntary Withdrawal prior to cancelling your insurance.**

If you have any questions, need additional forms, or assistance in completing this form, please call (916) 657-8153.

Make a copy for your records and mail the completed and signed form:

**REGULAR MAIL:**  
 DEPARTMENT OF MOTOR VEHICLES  
 REGISTRATION OPERATIONS DIVISION MS H-875  
 P. O. BOX 932370  
 SACRAMENTO, CA 94232-3700

**OVERNIGHT MAIL:**  
 DEPARTMENT OF MOTOR VEHICLES  
 REGISTRATION OPERATIONS DIVISION MS H-875  
 2415 1<sup>ST</sup> AVENUE  
 SACRAMENTO, CA 95818