

CLASS C REINSTATEMENT FORM

<b>File the original with:</b>  <b>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</b>
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DATE: \_\_\_\_\_

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number \_\_\_\_\_
- ☐ Charter Certificate Number \_\_\_\_\_
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_

My certificate was revoked/cancelled on \_\_\_\_\_ because \_\_\_\_\_  
(DATE)

I am seeking reinstatement because \_\_\_\_\_

\_\_\_\_\_  
(Name of Company) DBA \_\_\_\_\_  
(if applicable)

\_\_\_\_\_  
(Street Address) \_\_\_\_\_  
(Mailing Address if different from Street Address)

\_\_\_\_\_  
(City, State, Zip Code) \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Telephone Number) \_\_\_\_\_  
(Title) Owner, President, etc.