

CLASS C AMENDMENT FORM

File the original with: 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	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: _____

I have the following Certificate:

Class C Taxi # _____
 Class C Charter # _____
 Class C Charter Bus # _____
 Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

Name Change

From: _____ DBA: _____
(Current Name) (Current DBA if applicable)

TO: _____ DBA: _____
(New Name) (New DBA if applicable)

Scope of Authority

From: _____ To: _____
(Current Scope) (New Scope)

Passenger Limit

From: _____ To: _____
(Current Limit Number) (New Limit Number)

Name & DBA if DBA is applicable)

(Street and/or Mailing Address)

(City, State, Zip Code)

(Signature)

(Telephone Number)

(Title) Owner, President, etc.