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MCF 8
Application for Reinstatement Of
Household Goods Certificate
 OAC 165:30-13-93

1. USDOT Number _____ FEIN/SSN _____
2. Carrier Name (as shown on license) _____
 Carrier DBA (as shown on license) _____

3. Addresses and Contact Information

Mailing Address 1 c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone No. (_____) _____ Fax No. (_____) _____ Email _____	Mailing Address 2 c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone No. _____ Fax No. _____ Email _____
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Should the address on file be changed to reflect the addresses above? YES NO

Carrier's Physical Address or Location Street _____ City, State, Zip _____	Carrier's Contact Person _____ Telephone # (_____) _____ Domicile County _____ Principle Place of Business State (PPB) _____
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4. If you also hold an Intrastate Motor Carrier License/Permit do you want to reinstate the License/Permit? Yes No

5. Cancellation Reason (Check One):

- Failure to Maintain Liability Insurance on File Failure to Maintain Cargo Insurance on File
- Failure to Pay Fine Other - Must Specify _____

6. In narrative form, provide details as to why this Commission should grant applicant's request for reinstatement. A separate sheet of paper may be utilized if desired. Copies of supporting documentation should be attached.

The Applicant hereby declares that requirements for its license(s) / credential(s) are currently on file and in effect at this time. The Applicant further declares that all statements and representations appearing in the foregoing application and all addendums are based upon its knowledge of the matters referred to and are true and correct.

Applicant's Signature _____ Applicant's Title _____

Attorney's Signature (if any) _____ Telephone No. (_____) _____



OKLAHOMA CORPORATION COMMISSION
Transportation Division
P.O. Box 52000, Oklahoma City, Oklahoma 73152-2000
Jim Thorpe Office Building, Room 312, Oklahoma City, OK 73105
(405) 521-2251 Fax No. (405) 521-2916
Internet Address <http://www.occ.state.ok.us>

INSTRUCTIONS

Original application must be submitted with **\$250.00** filing fee. Please print or type application. Application must be filed in the same name and dba as previously on file.

Application for reinstatement must be filed within three (3) months from the date the certificate, permit, or license was cancelled by law or by Commission order and may be approved by the Director for Administrative reinstatement. Application not approved for administrative reinstatement may be set for hearing.

No reinstatement shall be issued until all requirements of the certificate have been fulfilled