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Case No. \_\_\_\_\_  
 PIN \_\_\_\_\_  
 Sub No. \_\_\_\_\_

**TDF 8**  
**Application for Reinstatement**

OAC 165:30-3-103; 165:30-13-93; 165:30-15-36; 165:30-17-54

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

3. Addresses and Contact Information

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

<p><b>Carrier's Physical Address or Location</b>          Street _____          City, State, Zip _____</p>	<p>Carrier's Contact Person _____          Telephone # (_____) _____          Domicile County _____          Principle Place of Business State (PPB) _____</p>
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4. Applicant Is Applying for Reinstatement of (Check All That Apply):
- |  |  |
|--|--|
| <input type="checkbox"/> Intrastate For-Hire Motor Carrier License | <input type="checkbox"/> Intrastate Private Motor Carrier License      |
| <input type="checkbox"/> Household Goods Certificate               | <input type="checkbox"/> Deleterious Substance Transport Permit (DSTP) |
| <input type="checkbox"/> Hazardous Waste Registration or Permit    |  |
5. Cancellation Reason (Check One):
- |  |  |
|--|--|
| <input type="checkbox"/> Failure to Maintain Liability Insurance on File | <input type="checkbox"/> Failure to Maintain Cargo Insurance on File |
| <input type="checkbox"/> Failure to Pay Fine                             | <input type="checkbox"/> 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 \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 My Commission expires \_\_\_\_\_ Notary # \_\_\_\_\_ Notary Public \_\_\_\_\_



**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 notarized application must be submitted with **\$100.00** 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, permit or license have been fulfilled