



TDF 18

AFFIDAVIT OF NO OPERATIONS

OAC 165:30-3-11; 165:30-15-6

State of _____)

County of _____)

OCC License or PIN No. _____

USDOT No. _____

NAME _____

DBA _____

I am the _____ of the above referenced motor carrier, and hereby state that
(Title)
the motor carrier performed no motor carrier operations under the above referenced intrastate
license, IRC, certificate, permit or registration in and/or through the State of Oklahoma from the
_____ day of _____, 20____ through the
_____ day of _____, 20_____.

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My Commission expires _____



**OKLAHOMA CORPORATION COMMISSION
TRANSPORTATION DIVISION
P.O. BOX 52000-2000
JIM THORPE OFFICE BUILDING, ROOM 312
2101 N. LINCOLN BOULEVARD
OKLAHOMA CITY, OK 73152-2000
(405) 521-2251
FAX (405) 521-2916**

Please complete all areas on the affidavit.

Affidavit must be notarized.