



U.S. DEPARTMENT
OF TRANSPORTATION

Approved by OMB 2126-0018
Expires: 02/28/2011

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0018. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.

DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
OFFICE OF ENFORCEMENT AND COMPLIANCE
REQUEST FOR REVOCATION OF REGISTRATION

Docket No. _____

Name of carrier, freight forwarder, or broker making request

Address, City, State, Zip Code of requesting carrier

For the reasons stated below, this carrier, freight forwarder, or broker, which is the holder of the above-identified permit(s), certificate(s), or license(s), hereby requests revocation of such registration to the extent specified, in accordance with the provisions of 49 U.S.C. 13905.

Please select authority type: COMMON CONTRACT BROKER

Reason for request for revocation:

It is clearly understood that upon revocation of this registration, operations that are revoked may not be resumed unless this authority is reinstated or other registration has been issued.

Type/print name of person authorized to submit this request

Daytime Telephone Number

Signature of person authorized to submit this request

Date

*Note: Signature must be notarized **OR** signed in the presence of a FMCSA staff member.*

Affix Notary Seal

City/County:

State:

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

Notary Signature _____ My Commission Expires: _____

FMCSA Staff Signature _____ Date: _____

FMCSA Staff/Title: _____ Date _____

**PLEASE RETURN REQUEST FOR REVOCATION OF OPERATING AUTHORITY FORM OCE-46
TO:**

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
COMMERCIAL ENFORCEMENT DIVISION
MC-ECC (W63-105)
1200 NEW JERSEY AVE., S.E.
WASHINGTON, DC. 20590**

The original form must be submitted. Faxed, E-mailed, or photocopied forms will not be accepted. The attached Form OCE-46, Request for Revocation, must be completed in its entirety (docket number/MC, complete name and address of the carrier, and *authorized signature*) and notarized, in order that FMCSA may process your request. All questions should be directed to the Commercial Enforcement Division at (866) 637-0635.