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United States Department of Transportation
Federal Motor Carrier Safety Administration

Office of Registration and Safety Information:
 Request for Revocation of Authority Granted

FORM OCE-46

Docket Number: _____ **Name of carrier, freight forwarder, or broker making request:** _____

Address of requesting carrier: Street: _____ **City:** _____

State/Province: _____ **Postal Code:** _____

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 (check all that apply): **Common** **Contract** **Broker**

Reason for request of 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.

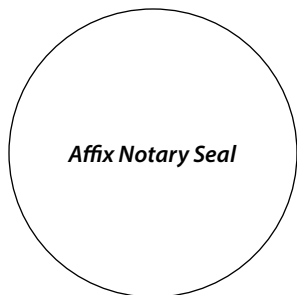
Name of person authorized to submit this request

(please type or print): _____ **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/Province:** _____

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

Notary Signature: _____

My commission expires on: ____ / ____ / ____

Name/Title of witnessing FMCSA staff member (please type or print): _____

FMCSA staff member signature: _____ **Witnessed on:** ____ / ____ / ____

Please return Form OCE-46, Request for Revocation of Authority Granted, to:

**Federal Motor Carrier Safety Administration
Office of Registration and Safety Information
460 Industrial Blvd.
London, KY 40741**

The original form must be submitted. Faxed, E-mailed, or photocopied forms will not be accepted. The attached Form OCE-46, Request for Revocation of Authority Granted, 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 Office of Registration and Safety Information at (800) 832-5660.