PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA REQUEST FOR REINSTATEMENT OF REVOKED OPERATING AUTHORITIES

NAME OF COMPANY	IPS	NUMBER	-	
ADDRESS		NO.	RETURN COMPLETED FORM TO:	
CITY, STATE, ZIP CODE			CALIFORNIA PUBLIC UTILITIES COMMISSION LICENSE SECTION	
TELEPHONE NUMBER			505 VAN NESS AVENUE SAN FRANCISCO, CA 94102-3298	
			(415) 703-2063	
This form is to be ermit/certificate.	completed and returned with	90 days from the date	of revocation with a reinstatement fee of \$125 for each	
HE UNDERSIGNE	D REQUESTS THE REINSTAT	MENT OF THE OPERAT	INC AUTHORITIES CARREST	
HE UNDERSIGNED REQUESTS THE REINSTATEMENT OF THE OPERATING AUTHORITIES CHECKED BELOW: CHARTER PARTY "P" PERMIT CHARTER PARTY CLASS "A" OF DETISION OF THE OPERATING AUTHORITIES CHECKED BELOW:				
CHARTER PARTY "7" DEDAM			HARTER PARTY CLASS "A" CERTIFICATE HARTER PARTY CLASS "B" CERTIFICATE	
PASSENGER STAGE CORPORATION			HARTER PARTY CLASS "C" CERTIFICATE	
NOTE:	If you operate vehicles	you operate vehicles with a seating capacity of more than 10, including		
"To differ, payment of Annual Bus inspection feet must be summent at				
	· · ······ · Loo4 (Equipiti	il Olaiement/ingno/	MION Pocused and DI Zoo n	
	(Terminal Inspection Fe	Statement) if nece	essary.	
understand that	the operating authority(ie	indicated above ma	y be reinstated upon the receipt of this form, the	
atutory and Com	Mission requirements offe	σ 4 h = 11 to 10	y be reinstated upon the receipt of this form, the each permit/certificate, and when all outstanding we been satisfied. If carrier is a corporation, I certify the office of the California Secretary of State.	
te:				
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			Signature of Applicant(s)	
		· · · · · · · · · · · · · · · · · · ·	Title	