

**REQUEST FOR REINSTATEMENT OF REVOKED
HOUSEHOLD GOODS OPERATING AUTHORITY**

NAME OF COMPANY	T-NUMBER
ADDRESS	
CITY, STATE, ZIP CODE	
AREA CODE AND TELEPHONE NUMBER ()	

RETURN COMPLETED FORM TO:
CALIFORNIA PUBLIC UTILITIES COMMISSION
LICENSE SECTION
505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102
(415) 703-2063

This form is to be completed and returned within 90 days from the date of revocation with a reinstatement fee of \$125.

THE UNDERSIGNED REQUESTS THE REINSTATEMENT OF ITS HOUSEHOLD GOODS OPERATING AUTHORITY.

I understand that the operating authority indicated above may be reinstated upon the receipt of this form, the reinstatement fee of one hundred and twenty-five dollars (\$125) and when all outstanding statutory and Commission requirements affecting the authority has been satisfied. If carrier is a corporation, I certify that the carrier is an active corporation in good legal standing with the office of the California Secretary of State.

Date: _____

Signature of Applicant(s)

Title
