



OAC 165:30-13-93; OAC 165:5-3-1

USDOT No. _____
PIN _____
SUB NO. _____

MCF 8
Application for Reinstatement Of
Household Goods Certificate

1. USDOT Number _____ FEIN/SSN _____
2. Carrier Name (as shown on license) _____
Carrier DBA (as shown on license) _____

3. Addresses and Contact Information

Mailing Address 1	Mailing Address 2
c/o _____	c/o _____
P.O. or Street _____	P.O. or Street _____
City, State, Zip _____	City, State, Zip _____
Telephone No. (_____) _____	Telephone No. _____
Fax No. (_____) _____	Fax No. _____
Email _____	Email _____

Should the address on file be changed to reflect the addresses above? YES NO

Carrier's Physical Address or Location	Carrier's Contact Person
Street _____	Carrier's Contact Person _____
City, State, Zip _____	Telephone # (_____) _____
	Domicile County _____
	Principle Place of Business State (PPB) _____

4. If you also hold an Intrastate Motor Carrier License/Permit do you want to reinstate the License/Permit? Yes No

5. Cancellation Reason (Check One):

- Failure to Maintain Liability Insurance on File Failure to Maintain Cargo Insurance on File
 Failure to Pay Fine Other - Must Specify _____

6. In narrative form, provide details as to why this Commission should grant applicant's request for reinstatement. A separate sheet of paper may be utilized if desired. Copies of supporting documentation should be attached.

The Applicant hereby declares that requirements for its license(s) / credential(s) are currently on file and in effect at this time. The Applicant further declares that all statements and representations appearing in the foregoing application and all addendums are based upon its knowledge of the matters referred to and are true and correct.

Applicant's Signature _____ Applicant's Title _____
Attorney's Signature (if any) _____ Telephone No. (_____) _____

INSTRUCTIONS

FAX NO. (405) 521-2916

INTERNET ADDRESS www.oklahoma.gov/occ

Original application must be submitted with **\$250.00** filing fee. Please print or type application. Application must be filed in the same name and dba as previously on file.

Application for reinstatement must be filed within three (3) months from the date the certificate, permit, or license was cancelled by law or by Commission order and may be approved by the Director for Administrative reinstatement. Application not approved for administrative reinstatement may be set for hearing.

No reinstatement shall be issued until all requirements of the certificate have been fulfilled