

PUBLIC REGULATION COMMISSION  
TRANSPORTATION DIVISION  
PO BOX 1269  
SANTA FE, NEW MEXICO 87504-1269

THIS IS AN ORIGINAL APPLICATION FOR: (check one)	FEE
_____ Voluntary suspension of a Certificate or Permit	\$ 15.00
_____ Reinstatement of authority after suspension	\$ 100.00

Please attach copies of current Certificate or Permit and all Endorsements seeking to suspend.

**DEFINITION:**

**Voluntary Suspension** means the Commission- authorized non-use of all or part of a **Certificate** or **Permit** at the request of the motor carrier for a specified period of time.

**APPLICANT IDENTIFICATION:**

Applicant's Name: \_\_\_\_\_

Business Name (as listed with PRC): \_\_\_\_\_

Business Physical Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ PRC Number: \_\_\_\_\_

Type of authority held: \_\_\_\_\_ Certificate

\_\_\_\_\_ Permit

Statement explaining:

- (a) Why such voluntary suspension is not adverse to the public interest, including whether any other motor carrier is capable of providing the service; and
- (b) If applicable, why the applicant is not fit, willing, and able to render reasonably continuous and adequate service for the period of time for which voluntary suspension is requested;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The period of time for which the applicant seeks to suspend service:

\_\_\_\_\_

**VERIFICATION:**

I, the undersigned, am authorized to make this application and affirm that the facts, statements and representations contained in this application and its attachments are full, true and correct according to the best of my knowledge.

Signed: \_\_\_\_\_ Title (if any): \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The person listed above personally appeared before the undersigned Notary Public in and for said County, in said State, who being by me first duly sworn, says that he/she is authorized to make this application; that the facts, statements and representations contained in the application and attachments are full, true and correct according to the best of his or her knowledge, information and belief.

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

(SEAL) Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_