

State of Nevada
Department of Business and Industry
Nevada Transportation Authority

Request to Temporarily Discontinue Service

Company Name: _____

Address: _____

City, State, Zip: _____

CPCN: _____

Request for Extension? **Yes** **No** **If yes, reference assigned Docket No.** _____

In accordance with NRS 706.341 and NAC 706.206, the above-named certificate holder would like to temporarily discontinue service, from _____ to _____. (Not to exceed 6 months)

This request is due to: _____

OPERATIONS CONDUCTED BY THE REQUESTING CERTIFICATE HOLDER MUST CONTINUE UNTIL THE NEVADA TRANSPORTATION AUTHORITY ISSUES AN ORDER GRANTING A TEMPORARY DISCONTINUANCE OF SERVICE.

If you wish to resume operations prior to the end date of this request, you must first notify the Nevada Transportation Authority in writing, stating the date you intend to begin service, and provide proof of current insurance, and current tariffs, if applicable.

Signature of Certificate Holder

Printed name of Certificate Holder

Phone number Fax number

Email Address

Submit both pages of this Request to:

Nevada Transportation Authority		
3300 West Sahara Avenue	or	1755 E Plumb Lane
Suite 200		Suite 229
Las Vegas, NV 89102		Reno, NV 89502

If you have any questions, please contact us at 702-486-3303, extension 66546.

OATH

STATE OF _____}

COUNTY OF _____}

I, _____, being duly sworn, state that I file this application as (indicate relationship to applicant, i.e. owner, title as officer, etc.)

_____; that, in such capacity, I am qualified and authorized to file and verify such application; that I have carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of my knowledge, information, and belief. Affiant further states that the application is made in good faith and presents evidence in support of said application on every particular requested by the Nevada Transportation Authority.

Signature of Affiant

Subscribed to and sworn before me on this

_____ day of _____, 20_____.

Notary Public

Signature of Attorney, if any

Mailing address of applicant:

Mailing address of attorney:

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____