

State of Nevada  
Department of Business and Industry  
**Nevada Transportation Authority**

**Request to Withdraw Application**

In the matter of the application of

\_\_\_\_\_

\_\_\_\_\_ for a Certificate of Public Convenience

and Necessity. The above named Applicant would like to withdraw their application, filed with the Nevada Transportation Authority, docketed at \_\_\_\_\_.

**I understand that if I decide to apply for the authority requested in this application at a future date, a new application will have to be filed along with applicable filing fees.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Email address

Please complete both pages of this Request and mail or deliver to:

Nevada Transportation Authority  
3300 West Sahara Avenue  
Suite 200  
Las Vegas, NV 89102

**There is no fee for filing a Request to Withdraw Application, however, costs incurred by NTA for publishing legal notices of your application will be deducted from estimated publishing costs you paid at the time of application. If the costs incurred by the NTA exceed the amount paid at the time of the application you will be responsible for the difference and billed accordingly.**

*Rev. 03-20-2017*

# 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:

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address of attorney:

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_