State of Nevada Department of Business and Industry Nevada Transportation Authority

Request for Voluntary Cancellation of CPCN

n the matte	er of the request by	
		to cancel Certificate of Public
Convenien	ce and Necessity (CPCN) numb	er:
The above	named carrier is no longer cond	lucting operations or providing transportation
services au	uthorized under CPCN	·
Therefore,		, the authorized representative
or		requests
hat the Ne	evada Transportation Authority (I	NTA) cancel said Certificate understanding
that this is	not a suspension or a temporary	discontinuance of service, but a
cancellatio	on and that in order to provide a	ny transportation services in the future, a nev
application	will have to be filed and a new	Certificate granted by the NTA.
	Signature of Petitioner	
	Printed name of Petitioner	
	Address	
	/ Idai ooo	
	Phone number	Fax number
	Email address	

1.	Completely fill out the first page of this Voluntary Cancellation Request.	
2.	Briefly explain the reason you are requesting a cancellation of your certificate	
3.	Complete the OATH page and have notarized.	
4.	File all three 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 Voluntary Cancellation Request. If you have any questions, please contact us at 702 486-3303.

OATH

STATE OF	}}
COUNTY OF	}}
that I file this application as (indicate relation	, being duly sworn, state onship to applicant, i.e. owner, title as officer,; that, in
	zed to file and verify such application; that I
have carefully examined all the statements that all such statements made and matters best of my knowledge, information, and be	and matters contained in the application; and set forth therein are true and correct to the lief. Affiant further states that the application ence in support of said application on every
	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: Email:	Fax: Email:

Rev 03-20-2017