STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

MOTOR CARRIER (CA) #

REQUEST FOR VOLUNTARY WITHDRAWAL MOTOR CARRIER PERMIT

MOTOR CARRIER LEGAL NAME				
BUSINESS ADDRESS	CITY	STATE	ZIP CODE	NEW ADDRESS ☐ Yes ☐ No
MAILING ADDRESS *(IF DIFFERENT FROM BUSINESS ADDRESS)*	CITY	STATE	ZIP CODE	NEW ADDRESS ☐ Yes ☐ No
TELEPHONE NUMBER ( )				NEW TELEPHONE NUMBER ☐ Yes ☐ No

The undersigned motor carrier requests to voluntarily withdraw the authority to operate as a motor carrier in California effective _____.
ENTER DATE *(MM/DD/YYYY)*

The motor carrier understands that authority to operate can be reinstated upon submitting:

1. An Application for Motor Carrier Permit (MC 706 M).
2. Acceptable evidence of liability insurance:
   - Certificate of Insurance (MC 65 M)
   - Surety Bond (MC 55 M)
   - Certificate of Self Insurance (MC 131 M)
3. Proof of workers' compensation insurance:
   - Certificate of Insurance (MC 65 M)
   - Certificate of Insurance submitted by State Compensation Insurance Fund
   - Certificate of Consent to Self Insure issued by the Department of Industrial Relations
   - Certify exemption from the workers' compensation laws of California
4. Payment of all fees due.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE **X**	DATE
PRINTED NAME	TITLE

Note: To avoid suspension of your Motor Carrier Permit submit the Request for Voluntary Withdrawal prior to cancelling your insurance.

If you have any questions, need additional forms, or assistance in completing this form, contact the Motor Carrier Services Branch at (916) 657-8153.

Make a copy for your records and mail the completed and signed form:

REGULAR MAIL:

DEPARTMENT OF MOTOR VEHICLES
MOTOR CARRIER SERVICES BRANCH MS G-875
P. O. BOX 932370
SACRAMENTO, CA 94232-3700

OVERNIGHT MAIL:

DEPARTMENT OF MOTOR VEHICLES
MOTOR CARRIER SERVICES BRANCH MS G-875
2415 1ST AVENUE
SACRAMENTO, CA 95818

Print Clear Form