

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration, Registration Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0018. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

Office of Registration and Safety Information:
Request for Revocation of Authority Granted

FORM OCE-46

Docket Number: _____ Name of carrier, freight forwarder, or broker making request: _____

Address of requesting carrier: Street: _____ City: _____

State/Province: _____ Postal Code: _____

For the reasons stated below, this carrier, freight forwarder, or broker, which is the holder of the above-identified permit(s), certificate(s), or license(s), hereby requests revocation of such registration to the extent specified, in accordance with the provisions of 49 U.S.C. 13905.

Please select authority type (check all that apply): **Common** **Contract** **Broker**

Reason for request of revocation: _____

It is clearly understood that upon revocation of this registration, operations that are revoked may not be resumed unless this authority is reinstated or other registration has been issued.

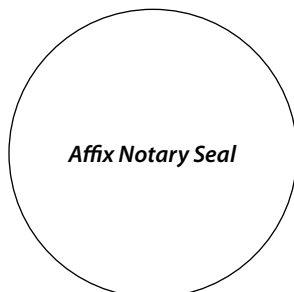
Name of person authorized
to submit this request

(please type or print): _____ Daytime telephone number: _____

Signature of person
authorized to submit
this request:

Date: ____ / ____ / ____

Note: Signature must be notarized **or** signed in the presence of a FMCSA staff member.



Affix Notary Seal

City/County: _____ State/Province: _____

Subscribed and sworn to before me this ____ day of _____, _____

Notary Name: _____
(please type or print):

Notary Signature: _____

My commission expires on: ____ / ____ / ____

Name/Title of witnessing FMCSA staff member (please type or print): _____

FMCSA staff member signature: _____ Witnessed on: _____ / _____ / _____

The FMCSA staff member should electronically send the signed form to the FMCSA Contact Center via "Ask A Question" at <https://ask.fmcsa.dot.gov/>.

Please return Form OCE-46, Request for Revocation of Authority Granted, to:

Federal Motor Carrier Safety Administration

Office of Registration

1200 New Jersey Ave., SE

Washington, DC 20590

The original form must be submitted. Faxed, E-mailed, or photocopied forms will not be accepted. The attached Form OCE-46, Request for Revocation of Authority Granted, must be completed in its entirety (docket number/MC, complete name and address of the carrier, and *authorized signature*) and notarized, in order that FMCSA may process your request. All questions should be directed to the Office of Registration at (800) 832-5660.