



U.S. DEPARTMENT
OF TRANSPORTATION

Approved by OMB 2126-0018
Expires: 05/31/2014

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.

DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
OFFICE OF ENFORCEMENT AND COMPLIANCE
REQUEST FOR REVOCATION OF REGISTRATION

Docket No. 777490

BAJA EXPRESS TRANSPORTES SA DE CV

Name of carrier, freight forwarder, or broker making request

PRIVADA CAUCASO #4219 INT 5, URBI QUINTA DEL CEDRO, TIJUANA, BAJA CALIFORNIA 23564

Address, City, State, Zip Code of requesting carrier

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: ☒ COMMON ☐ CONTRACT ☐ BROKER

Reason for request for revocation:

COMPANY HAS DECIDED TO CEASE PARTICIPATING IN THE FMCSA PASA PILOT PROGRAM

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.

CARLOS TIERRA VALDEZ
Type/print name of person authorized to submit this request

(604) 2555704
Daytime Telephone Number

Carlos TI Valdez
Signature of person authorized to submit this request

06/03/2014
Date

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

Affix Notary Seal

City/County:

State:

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Signature _____ My Commission Expires: _____

FMCSA Staff Signature _____ Date: June 3, 2014

FMCSA Staff/Title: MX Specialist Date: June 3, 2014

FORM OCE-46