

Office of Freight & Commercial Vehicle Operations 395 John Ireland Blvd. Room 153, Mail Stop 420

> St. Paul, MN 55155 Phone: 651-366-3700 Fax: 651-366-3718

REQUEST FOR VOLUNTARY SURRENDER

Name on Permit:	
Address on Permit:	
Type of Authority:	
MnDot Number:	
For the reason(s) stated below, this carrier, which is the owner of the above-identified permit(s), certificate(s), or license(s) hereby requests a voluntary surrender of such registration.	
Reason for Request of Surrender:	
I understand that upon surrender of this authority, operations me reinstated or another authority has been issued.	ay not resume unless the authority is
Type/Print name of person authorized to submit this request	Phone Number
Signature of person authorized to submit this request	 Date