



MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES
PO BOX 270, 830 MODOT DRIVE, JEFFERSON CITY, MO 65102-0270

E-MAIL
PHONE
FAX

contactmcs@modot.mo.gov
1.866.831.6277
573.522.6708

APPLICATION TO DISCONTINUE SERVICE

SECTION 1. GENERAL INFORMATION

USDOT NO.		FEIN/SSN	
NAME OF CARRIER			
DOING BUSINESS AS (DBA) NAME			
PRINCIPAL PLACE OF BUSINESS ADDRESS (not a PO Box) – STREET		CITY	STATE ZIP CODE
MAILING ADDRESS (if different than Principal Address, may be a PO Box) – STREET		CITY	STATE ZIP CODE
PERSON TO CONTACT	CONTACT PHONE NO.	FAX NO.	E-MAIL ADDRESS

SECTION 2. TYPE OF AUTHORITY OR SERVICE TO BE DISCONTINUED

- ☐ Property Carrier
- ☐ Passenger in Charter Service
- ☐ Passenger in Other than Charter Service (attach copy of your certificate of authority.)
- ☐ Household Goods (attach copy of your certificate of authority.)

SECTION 3. REASON FOR DISCONTINUANCE OF SERVICE

- ☐ Intrastate only authority – Out of Business. Date company ceased business: _____
- ☐ Intrastate authority issued in conjunction with interstate passenger authority under 49 U.S.C. Section 10922. **Attach copy** of the order issued by FMSCA authorizing discontinue of service.
- ☐ Other: state specific reason with supporting facts for service discontinuance (attach additional documentation if necessary).

SECTION 4. INACTIVATION OF USDOT NUMBER

If your USDOT Number is classified as Intrastate Only, or if you obtained this USDOT Number solely for the purpose of acquiring Missouri Intrastate Authority, you no longer need this number. Please indicate below if you would like our office to inactivate your USDOT Number.

- ☐ **YES**, please inactivate my USDOT Number.
- ☐ **NO**, please leave my USDOT Number active.

SECTION 4. SIGNATURE

Under penalty of perjury under the laws of the State of Missouri and the United States of America, the information in this application or attached hereto in true and correct, that I am authorized to sign this Application on behalf of the Applicant and that the signature below is my own true and correct signature made by me or my legal representative and by no other person. (Applicant(s)/Attorney Signature must be a physical signature)

<u>Applicant(s)/Attorney Name Printed</u>	<u>Applicant(s)/Attorney Signature</u>	<u>Title</u>	<u>Date</u>
<u>If Attorney signed on behalf of Applicant above, print address</u>			<u>Attorney MO Bar No.</u>