250794

2005-266-T

Request for Cancellation of Certificate

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

DATE: May 29, 2014

Please consider this a request to cancel my:

- [ ] Class C Taxi Certificate
- [ ] Class A Restricted Certificate
- [x] Class C Charter Certificate
- [ ] Class C Charter Bus Certificate
- [ ] Non-Emergency Certificate
- [ ] Class E Household Goods Certificate
- [ ] Class E Hazardous Wastes Certificate

RECEIVED
MAY 30 2014
TRANS DEPT

My Certificate Number is 7701.

Charleston Transportation Leasing, LLC DBA
(Name of Company)

(If applicable)

5840 Rivers Avenue
(Street Address)

567 Jessica Lane
(Mailing Address if different from Street Address)

North Charleston, SC 29405
(City, State, Zip Code)

Summerville, SC 29483
(City, State, Zip Code)

(843) 688-4119
(Telephone Number)

(Signature)

Thomas D. Lee Owner
(Title) Owner, President, etc.

ORS Revised 2-18-10