254128

CLASS C REINSTATEMENT FORM

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: 1-9-15

Docket 2012-211-T

RECEIVED
JAN - 9 2015
TRANS DEPT

Please consider this an application for Reinstatement of my:

- [x] Taxi Certificate Number 8624
- [ ] Charter Certificate Number _____
- [ ] Charter Bus Certificate Number _____
- [ ] Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on 12-4-13 (DATE) because of insurance reasons.

I am seeking reinstatement because of my insurance are in better standards and work.

Chariots of Charleston LLC (Name of Company) DBA _____ (if applicable)

7647 Northhaven Dr (Street Address)

(Mailing Address if different from Street Address)

N. Chas, SC. 29420 (City, State, Zip Code)

Kamahie Hunter (Signature)

(843) 478-8528 (Telephone Number)

Owner (Title) Owner, President, etc.

ORS Revised 2-22-10