08/20/2012 09:40 FAX

239459

REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

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: 9-19-12 Docket # 2011-502-T

Please consider this as my Request for ***Suspension*** of:

Att. Carol Chauvin

- [x] Class C Taxi Certificate Number 8580
- [ ] Class C Charter Certificate Number _____
- [ ] Class C Charter Bus Certificate Number _____
- [ ] Non-Emergency Certificate Number _____
- [ ] Class E Household Goods Certificate Number _____
- [ ] Class E Hazardous Wastes Certificate Number _____

RECEIVED
SEP 20 2012
ORS
T,T,W,W/W

I request that my certificate be suspended until 9-19-13.

Date: (XX/XX/XXXX)

Jeb D Hart DBA Budget Taxi
(Name of Company)

D/B/A Budget Taxi
(if applicable)

1369 Highlands Hwy
(Street and or Mailing Address)

Walhalla S.C. 29691
(City, State, Zip Code)

(864) 718-5368
(Telephone Number)

Jeb Daniel Hart
(Signature and Title, i.e, President, Owner)

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:

Due to financial reasons I request my Taxi Certificate be suspended from Sept. 2012 to Aug. 2013. Thank you so much. Jeb Daniel Hart