BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF COLORADO

1560 Broadway, Suite 250 Denver, Colorado 80202
http://www.dora.state.co.us/puc

Docket No._____ (To be assigned by the Commission.)

APPLICATION TO SUSPEND PERMIT NO. _____

____ Suspend Full Authority
____ Suspend a Portion of the Authority

Type of Application, Please Check Only One:
____ Suspend Permit

Carrier Information:

Company, Partnership, or Sole Proprietor's Name			
Trade Name, if applicable			
Mailing Address	Street/PO Box		
	City	State	Zip Code
Contact Numbers	Telephone No.	FAX No.	

This request is made to the Public Utilities Commission to suspend the above stated authority, or portion thereof, pursuant to Rule 6204 (b) of the Rules Regulating Transportation By Motor Vehicle, 4 CCR 723-6.

The period of the requested suspension is:

from _____ to _____
(date) (date)

If this application is to suspend a portion of the authority, describe that portion to be suspended.

_____

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_____

State the reason for this request to suspend.

State how the suspension will affect the public.

Items to Include: The original application and ten copies of the application including all documents.

Verification: The undersigned verifies that he/she has read the application and has personal knowledge that the statements in it are true. The applicant is advised that no suspension is authorized until the application is noticed to the public and granted by the Commission.

Signature of Applicant | Title | Date