

PENNSYLVANIA PUBLIC UTILITY COMMISSION

INSTRUCTIONS TO BE FOLLOWED IN PREPARING THE APPLICATION

1. A separate application must be filed for each type of service, such as airport transfer, TNC, scheduled route, paratransit, call or demand, limousine, group and party 11-15 passengers, broker, or household goods.
2. It is not required that applicant be represented by an attorney in order to file the application.
3. If the space provided on the form is not sufficient, prepare on a separate sheet, attach it to the application and give it the same number as the question or statement to which it refers.
4. The original application signed at the place designated, duly verified by affidavit, must be filed at the **Pennsylvania Public Utility Commission, 400 North Street, Harrisburg, PA 17120. Should you have an e-file account with the Commission, please e-file your request instead.**

**APPLICATION FOR APPROVAL OF ABANDONMENT OR
DISCONTINUANCE OF SERVICE, IN WHOLE OR IN PART**

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

(See Instructions Before Preparing Application)

In re:

Application Docket
No. A-_____
Folder No._____

For approval of the abandonment or
discontinuance of common carrier service.

TO PENNSYLVANIA PUBLIC UTILITY COMMISSION:

1. _____
(Name of applicant, and trade name, as it appears on the Certificate
of Public Convenience.)

(Business Street Address)

(City) (State) (Zip) (County)

(Telephone) (E-mail Address)

2. Applicant's attorney (for this application) is:

(Name) (Address) (Telephone/ Email)

3. Any notice, process or order of the PUC should be served upon:

(Name) (Email Address) The Commission will only serve
documents via e-serve or e-mail during the COVID 19 crisis.

4. This application is for the discontinuance of _____
of the service now authorized. (All or Part)

5. Approval of the application is necessary or proper for the following reasons:

Wherefore, Applicant requests the Commission to cancel, or amend the certificate of public convenience, as now held, in conformance with the application.

Applicant sign here: _____

(If a partnership, each partner must sign; if a corporation, at least one officer must sign.)

VERIFICATION

_____ hereby states that the statements made in the
(Name of Person)
foregoing are true and correct to the best of his/her knowledge, information and
belief. The undersigned understands that the estimates therein are made subject
to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to
authorities.

Signature of Person

Date: _____