



LOUISIANA PUBLIC SERVICE COMMISSION
POST OFFICE BOX 91154
BATON ROUGE, LOUISIANA 70821-9154
(225) 342-4439

All requests for SUSPENSION of Intrastate Operating Authority must be made in writing.

In order to process a request of suspension the following information must be submitted:

- 1) The reason a suspension of operations is needed***
- 2) If there are any liens on the certificate/permit***
- 3) Letter must be signed by a company officer or the company owner***
- 4) Whether the company has operated in the last six (6) months***
- 5) Provide copies of your last four (4) quarter of Inspection and Supervision reports filed with Louisiana Department of Revenue to show proof that you are in compliance with filings pursuant to La RS 45:1177***
- 6) If incorporated – a copy of the Corporate Resolution approving the suspension***

Once approved, a suspension of operations can be for no more than a total period of one (1) year, requested in six (6) month periods. You must notify the Commission at least fifteen (15) days prior to the expiration of the first suspension period as to whether or not you are seeking an additional six (6) month suspension or whether you are requesting that your authority be reactivated or canceled. Current insurance and tariff filings are required to be filed with the Commission in order to reactivate your authority. Carriers failing to so notify the Commission will be cited to appear at a public hearing and show cause why the authority should not be canceled for failure to operate pursuant to LRS 45:166. Please be advised, however, that the Commission's approval of this voluntary suspension does not abrogate the provisions of LRS 45:166.

Please complete and mail original form to:
Louisiana Public Service Commission; Post Office Box 91154; Baton Rouge, LA 70821

A sample letter is attached

**Letter to SUSPEND Certificate/Permit
Louisiana Public Service Commission Certificate**

The company identified as:

Company Name on LPSC Certificate: _____

Address/ City and State of Company: _____

LPSC Certificate/Permit involved in suspension request: _____

Hereby notifies the LPSC that this company wishes to suspend the above referenced certificate, and verifies that this company:

1) Reason suspension of operations is needed: *(If more space is need use separate sheet)*

2) If there are any liens on the certificate/permit NO YES *explain:*

3) Whether the company has operated in the last six (6) months YES NO *explain:*

4) Duration of Suspension: _____

(Duration of suspension can not be for more than 6 months.)

This is the companies 1st Suspension Request 2nd Suspension Request

5) Letter must be signed by a company officer or the company owner

6) If incorporated – a copy of the Corporate Resolution approving the suspension should be attached.

*All officers must sign unless company is incorporated and corporate resolutions are attached. If corporate resolutions are attached, one officer may represent the corporation.

Company Officer(s)

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

Signature

***Must attach copies of your last four (4) quarter of Inspection and Supervision reports filed with the Louisiana Department t of Revenue to this request.**