



**Office of Registration and Safety Information:**  
**Request for Revocation of Authority Granted**  
**FORM OCE-46**

1. Docket Number: \_\_\_\_\_
2. Name of carrier, freight forwarder, or broker making request \_\_\_\_\_
3. Street Address: \_\_\_\_\_
4. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. Please select authority type (check all that apply)  
 Common     Contract     Broker
6. Reason for request of revocation:  
\_\_\_\_\_
7. Telephone Number: \_\_\_\_\_

SUBMIT