

## **REVOCATION WITHDRAWAL REQUEST**

96-0499 R07/25 azdot.gov

Company Name	MVD Account Number	
Our company, with the account number shown above, fail- Licensing Unit. We understand that, as a result of not filing revocation.		
We have now completed the necessary steps to bring or requirements and request that the planned revocation action		censing
In requesting this reinstatement, I understand that:		
<ol> <li>Any future non-compliance, particularly failure to file qual by the due date, will result in revocation of our fuel tax months from the revocation date. No remedial action is per</li> </ol>	license and operating privilege. The revocation per	
2) A fuel tax report is filed, even if our company has no activ	vity for the reporting period.	
Important: This request may only be signed by the ca	arrier/licensee. No power of attorney will be accepted.	
Carrier/Licensee Name	Title	
Mailing Address	City State Zip	
Carrier/Licensee Signature	Date	
MVD Use Only		
MVD Agent Name	User ID	
Supervisor Signature	Reinstatement Date	