

FORM L

**UNIFORM NOTICE OF CANCELLATION OF
MOTOR CARRIER SURETY BONDS**

(Execute in Triplicate)

Check Type Cancelled
BI and PD
Cargo

Filed with _____ (hereinafter called Commission)
(Name of Commission)

This is to advise that, under the terms of surety bond(s) executed in

Behalf of _____
(Name of Principal)

of _____
(Address)

by _____
(Name of Surety)

of _____
(Address)

said bond(s), including any and all riders or certificates attached thereto or issued in connection therewith, is (are) hereby cancelled effective as of the _____ day of _____, _____, 12:01 A.M., standard time at the address of the Principal as stated in said bond(s) provided such date is not less than thirty (30) days after the actual receipt of this notice by the Commission.

Signature of Principal or Surety

Insurance Company File No. _____
(Policy Number)