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Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-1227

MAR 29 2013

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Application for Motor Common Carrier of Property

Please complete all parts of the following application. For questions, please call the Commission at (717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership, LP, LLP, Corporation, or LLC)

VIDEO TEK CONSTRUCTION LLC

2. **Trade Name** (if using a fictitious trade name, it must be registered with the Dept. of State)

Fictitious name and Registration number (if applicable)

3. **Physical Address** (do not use PO Box)

6 LOOP STREET SUITE 4C

Street Address
HARRISBURG PA 15215

City, State and Zip Code
412 736-9121 02

Telephone Number County

4. **Mailing Address** (if different from Physical Address)

SOME AS ABOVE

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

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6. Does applicant currently hold or has ever held PA PUC authority?
Yes No (circle one)

If yes, PUC NO. A- _____

7. What type of commodity do you intend to transport?

_____ ASphalt _____

8. Are you one of the following? If yes, check below.

Individual

Partnership

9. Are you a business entity registered with the PA Department of State?

If YES, please check below the type of business that applies to this Application and provide the Entity ID Number given to you by the PA Department of State:

Limited Partnership

Corporation Bureau Entity ID Number

Limited Liability Partnership

Corporation Bureau Entity ID Number

Limited Liability Company

3838319

Corporation Bureau Entity ID Number

Corporation – For Profit

Corporation Bureau Entity ID Number

Corporation – Nonprofit

Corporation Bureau Entity ID Number

Fictitious Name (if applicable)

If NO, contact the PA Department of State and apply according to how you will do business in PA:

PA Corporations (Profit or Non-Profit)

- File for Articles of Incorporation

Foreign Corporations

- File for a Certificate of Authority

- PA Limited Partnerships,
Limited Liability Partnerships,
Limited Liability Companies - File for an Application of Registration

- Fictitious Name Registration - File **only** if Trade Name will be different
than the business name you register with
the Department of State

10. **Attachment Checklist**

- Individual: Certified Check, money order, or check from attorney
 Copy of Current Safety Rating (if available)

- Partnership: Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)

- Limited Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)

- Limited Liability Partnership: Corporation Bureau Entity Number as entered above in #9
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 List of names and addresses of ALL Members and Title of each
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 Shareholder and distribution of shares
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11. Certification

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SECRETARY'S BUREAU

Applicant certifies that it is not now engaged in intrastate transportation of property for compensation between points in Pennsylvania without Pennsylvania Public Utility Commission authorization and will not engage in any transportation not previously authorized by the Pennsylvania Public Utility Commission unless and until such authorization is obtained.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the Certificate.

You must sign the following Verification of Application.

Verification of Application

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners (if a partnership, LP, or LLP), a member (if LLC), or by any officer (if a corporation).

I/we hereby state that the statements made in this application are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 Relating to Unsworn Falsification to Authorities.

VICTOR H DIAZ

(Print Name)

X [Signature]

(Signature)

3.29.13

(Date)

(VICTOR H DIAZ = 100% MEMBER)
6 LOOP STREET SUITE 4C
PITTSBURGH PA 15215



Corporations

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Business Entity Filing History

Date: 3/28/2013 (Select the link above to view the Business Entity's Filing History)

Business Name History

Name	Name Type
VideoTek Construction, LLC	Current Name

Limited Liability Company - Domestic - Information

Entity Number: 3838319
Status: Active
Entity Creation Date: 9/30/2008
State of Business.: PA
Registered Office Address: 6 Loop Street, Suite 4 C
 Pittsburgh PA 15215
 Allegheny
Mailing Address: No Address

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PA PUBLIC UTILITY COMMISSION
 SECRETARY'S BUREAU

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/26/2013

PRODUCER (412) 795-8888
CRAWFORD INSURANCE
12000 FRANKSTOWN ROAD

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PITTSBURGH PA 15235-

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
VIDEOTEK CONSTRUCTION LLC 412-291-3367 FAX
6 LOOP STREET 4C SUITE

INSURER A: OHIO CASUALTY

24198

INSURER B:

INSURER C:

INSURER D:

INSURER E:

PITTSBURGH PA 15215-

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	CBP8561620	12/10/2012	12/10/2013	EACH OCCURRENCE	\$ 1,000,000
				/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
				/ /	/ /	MED EXP (Any one person)	\$ 5,000
				/ /	/ /	PERSONAL & ADV INJURY	\$ 1,000,000
				/ /	/ /	GENERAL AGGREGATE	\$ 2,000,000
				/ /	/ /	PRODUCTS - COMP/OP AGG	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CBP8561620	12/10/2012	12/10/2013	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
				/ /	/ /	BODILY INJURY (Per person)	\$
				/ /	/ /	BODILY INJURY (Per accident)	\$
				/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT	\$
				/ /	/ /	OTHER THAN AUTO ONLY: EA ACC	\$
				/ /	/ /	AGG	\$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	CU8561220	12/10/2012	12/10/2013	EACH OCCURRENCE	\$ 2,000,000
				/ /	/ /	AGGREGATE	\$ 2,000,000
				/ /	/ /		\$
				/ /	/ /		\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC8562120	12/10/2012	12/10/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
				/ /	/ /	E.L. EACH ACCIDENT	\$ 500,000
				/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$ 500,000
				/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

EVIDENCE OF INSURANCE. THE LANE CONSTRUCTION CORPORATION IS ADDITIONAL INSURED FOR GENERAL LIABILITY AND AUTOMOBILE LIABILITY.

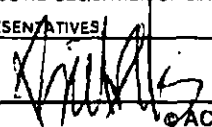
CERTIFICATE HOLDER

() - (412) 838-0260

THE LANE CONSTRUCTION CORPORATION
90 FIELDSTONE COURT

CHESTSHIRE CT 06410-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE 

10. ATTACHMENT CHECKLIST – Please review carefully to ensure that all necessary documents are included with the application.

- Individual: Certified Check, money order, or check from attorney
 Copy of Current Safety Rating (if available)
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**Please complete all pertinent parts of the application.
If you need help, you may call 717-787-1227.**

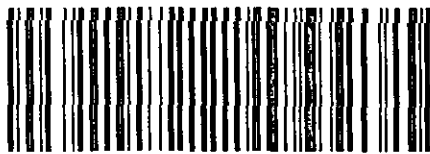
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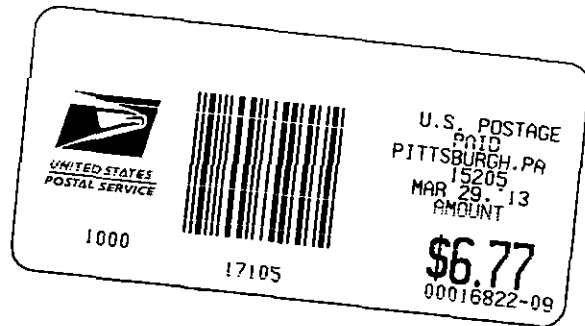
PA PUBLIC UTILITY COMMISSION
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ALTVATERS AUTO SALES
5299 STEUBENVILLE PIKE
PITTSBURGH PA 15205

CERTIFIED MAIL™



7012 2210 0000 1988 9545



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PENNSYLVANIA PUBLIC UTILITY
COMMISSION
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