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

## **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.

Legal Name of Applicant (Individual, Partnership, LP, LLP, Corporation	on, or LLC)		
Kelly Rapp		<u>-</u>	
Trade Name (if using a fictitious trade name, it must be registered with the	e Dept. of S	State)	
Kelly Rapp Trucking			
Fictitious name and Registration number (if applicable)			
Kelly Rapp Trucking 4130	1071		
Physical Address (do not use PO Box)  21094 Pine City Rd			
Street Address Shippen ville PA 110254			
City, State and Zip Code  814-221-5053	A KICA		
Telephone Number County	CYTOXI		
Mailing Address (if different from Physical Address)  Street Address			
City, State and Zip Code			
Attorney (if applicable)	SECRET	2013 MAY	n T
Attorney's Name & Telephone Number for this Filing	ARY'S E	-8 A	<u> </u>
Attorney's Address	ARY'S BUREAU	M II: 05	<u> </u>

What type of commodity do you intend to transport?				
Are	you one of the following? If yes,	check below.		
XL.	Individual			
[]	Partnership			
[]	Limited Partnership	Corporation Bureau Entity ID Number		
		business that applies to this Application to you by the PA Department of State:		
	Limited Partnership	Corporation Purcou Entity ID Number		
		Corporation bureau chitty to Number		
[]	Limited Liability Partnership	Corporation Bureau Entity ID Number		
[]	Limited Liability Partnership  Limited Liability Company	Corporation Bureau Entity ID Number		
-	·	Corporation Bureau Entity ID Number  Corporation Bureau Entity ID Number		
[]	Limited Liability Company	Corporation Bureau Entity ID Number  Corporation Bureau Entity ID Number  Corporation Bureau Entity ID Number		
[]	Limited Liability Company  Corporation – For Profit  Corporation – Nonprofit	Corporation Bureau Entity ID Number  Corporation Bureau Entity ID Number		
[]	Limited Liability Company  Corporation – For Profit	Corporation Bureau Entity ID Number  Corporation Bureau Entity ID Number  Corporation Bureau Entity ID Number		
[] [] [] [] [] []	Limited Liability Company  Corporation – For Profit  Corporation – Nonprofit  Fictitious Name (if applicable)	Corporation Bureau Entity ID Number  Corporation Bureau Entity ID Number  Corporation Bureau Entity ID Number		
[] [] [] If No busi	Limited Liability Company  Corporation – For Profit  Corporation – Nonprofit  Fictitious Name (if applicable)  O, contact the PA Department of States in PA:	Corporation Bureau Entity ID Number  Corporation Bureau Entity ID Number  Corporation Bureau Entity ID Number  Corporation Bureau Entity ID Number		

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

Ataciment onechist					
Individual:	<b>X</b>	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			
ratulership.	[ ] [ ] [ ]	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			
Tarticising.	[ ] [ ] [ ]	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 Company:	[]	Corporation Bureau Entity Number as entered above in #9			
оопрану.	[]	Certified Check, money order, or check from attorney List of names and addresses of ALL Members and Title of each Member (even if only one member) Copy of Current Safety Rating (if available)			
Corporation – For Profit:	[]	Corporation Bureau Entity Number as entered above in #9			
FOR PROM.	[]				
	[]	Copy of Current Safety Rating (if available)			
Corporation – Non-Profit:	[]	Corporation Bureau Entity Number as entered above in #9			
	[]	Certified Check, money order, or check from attorney List of ALL Corporate Officers and Titles and those serving on Board of Directors			
	[]	Copy of Current Safety Rating (if available)			

## 11. Certification

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.

(Print Name) (Print Name) (Date)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

Kelly Rapp Trucking

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT <u>WWW.CORPORATIONS.STATE.PA.US/CORP</u> OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4130671

Rapp, Kelly 2694 Pine City Rd. Shippenville, PA 16254



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Pennsylvania Public Utility Commission PO Box 3365 Harrisburg PA 17105-3265

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