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.

| Variant Carata  | Thicking                                       |  |
|---|--|--|
| Kevin Gordner   | Trucking LLC                                   |  |
| Trade Name (if using a fictitious trade name,           | it must be registered with the Dept. of State) |  |
| Fictitious name and Registration number (if applicable) |  |  |
| Physical Address (do not use PO Box)                    |  |  |
| No Dietterick Rd  |  |  |
| Street Address  Orangeville PA 17859                    |  |  |
| City, State and Zip Code                                | _ <del>_</del>                                 |  |
| (570) 394-282   | Columbia                                       |  |
| Telephone Number  | County   |  |
| Mailing Address (if different from Physical A           | ddress)  |  |
| Street Address  | DECETVE  |  |
| Silver Address Y LIVE                                   | RECLIVE  |  |
| City, State and Zip Code                                | 2        |  |
| A Alleman and CT and CT and CT and CT                   | JUN 2 8 2013                                   |  |
| Attorney (if applicable)                                | PA PUBLIC UTILLES COMME<br>SECRETARY'S BURE    |  |
| Attorney's Name & Telephone Number for this Fi          | ling   |  |
|   |  |  |

| •     | es, PUC NO. A-                                     |  |
|-------|--|--|
| wna   | t type of commodity do you int<br>                 |  |
|       |  |  |
| Are y | you one of the following? If yes                   | s, check below.                              |
| []    | Individual   |  |
| []    | Partnership  |  |
|       |  |  |
| Are y | ou a business entity registere                     | d with the PA Department of State?           |
|       |  | of business that applies to this Application |
| and   | provide the Entity ID Number giv                   | en to you by the PA Department of State      |
| []    | Limited Partnership                                |  |
|       | ·  | Corporation Bureau Entity ID Number          |
| []    | Limited Liability Partnership                      | Corporation Burgon, Entitud D Number         |
| ٧./   | , , , , , , , , , , , , , , , , , , ,              | Corporation Bureau Entity ID Number          |
| M     | Limited Liability Company                          | Corporation Bureau Entity ID Number          |
| []    | Corporation – For Profit                           |  |
|       |  | Corporation Bureau Entity ID Number          |
| []    | Corporation - Nonprofit                            |  |
|       |  | Corporation Bureau Entity ID Number          |
| []    | Fictitious Name (if applicable)                    |  |
|       |  |  |
|       | <b>D,</b> contact the PA Department of ness in PA: | State and apply according to how you wi      |
|       |  | File for Articles of Incorporation           |
|       | Corporations (Profit or -<br>-Profit)              | File for Articles of Incorporation           |

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:                       | <ul><li>[ ] Certified Check, money order, or check from attorney</li><li>[ ] Copy of Current Safety Rating (if available)</li></ul>   |
|-----------------------------------|---|
| Partnership:                      | <ul> <li>[ ] Certified Check, money order, or check from attorney</li> <li>[ ] List of names and addresses of ALL Partners</li> <li>[ ] Copy of Current Safety Rating (if available)</li> </ul> |
| Limited<br>Partnership:           | [ ] Corporation Bureau Entity Number as entered above in #9   |
| r artilership.                    | <ul> <li>[ ] Certified Check, money order, or check from attorney</li> <li>[ ] List of names and addresses of ALL Partners</li> <li>[ ] Copy of Current Safety Rating (if available)</li> </ul> |
| Limited Liability<br>Partnership: | [ ] Corporation Bureau Entity Number as entered above in #9   |
| r armersing.                      | <ul> <li>[ ] Certified Check, money order, or check from attorney</li> <li>[ ] List of names and addresses of ALL Partners</li> <li>[ ] Copy of Current Safety Rating (if available)</li> </ul> |
| Limited Liability<br>Company:     | Corporation Bureau Entity Number as entered above in #9   |
| Company.                          | 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 -                     | [ ] Corporation Bureau Entity Number as entered above in #9   |
| For Profit:                       | <ul> <li>Certified Check, money order, or check from attorney</li> <li>List of ALL Corporate Officers and Titles, name of each<br/>Shareholder and distribution of shares</li> </ul>            |
|                                   | [ ] Copy of Current Safety Rating (if available)  |
| Corporation –<br>Non-Profit:      | [ ] Corporation Bureau Entity Number as entered above in #9   |
|                                   | <ul> <li>Certified Check, money order, or check from attorney</li> <li>List of ALL Corporate Officers and Titles and those serving on<br/>Board of Directors</li> </ul>                         |
|                                   | [ ] 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)

Keren Dordner

(Date)

JUN JUN 2;83 2013

PA PUBLIC UTILITY COMMISSION
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Kevin Gordner Trucking LLC 76 Dietterick Rd Orangeville PA 17859

Kevin Gordner - owner 76 Dietterick Rol Orangeville PA 17859

# **RECEIVED**

JUN 28 2013

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU



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28 2913



Pennsylvania public utility Commission Po Box 3265 Harrisburg PA 17105-3265

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