JESSE TOPPER, MEMBER 78TH LEGISLATIVE DISTRICT

P.O. Box 202078 Harrisburg, PA 17120-2078 Phone: (717) 787-7076 FAX: (717) 782-2933

COMMITTEES:

Commerce
Health
State Government
Tourism
Deputy Whip

February 23, 2015



House of Representatives

Commonwealth of Pennsylvania Harrisburg

District Offices:

133 South Richard Street Bedford, PA 15522-1343 Phone: (814) 623-9097 FAX: (814) 623-6633

314 Lincoln Way East, Suite A McConnellsburg, PA 17233 Phone: (717) 485-4430 FAX: (717) 485-3979

www.RepTopper.com

RECEIVED
PA PUC
OFFICE-LEGIS. AFFAIR:

PA Public Utility Commission Attn: June Perry, Legislative Liaison N-302 Keystone Building 400 North Street Harrisburg, PA

Dear June:

Attached please find an Application for Motor Common Carrier of Property for my constituent, Ricky A. Mowery. A money order in the amount of \$100.00 is also attached.

Please have this application processed as soon as possible. Thank you for your assistance in this matter.

Sincerely,

Jesse W. Topper State Representative 78th Legislative District

JWT:mdc Attachment 2015 FEB 26 PM 3: 28
SECRETARY'S DIRECTORY

RECEIVED

Pennsylvania Public Utility Commission 400 North Street, Second Floor Harrisburg, PA 17120 (717) 772-7777 www.puc.pa.gov of Property ATOLOF

Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1. Legal Name of Applicant (Individual, Partnership or Corporation)

Ricky A. Mowery

- If you are an individual who has not formed any type of corporate entity, you should enter your name as it will appear on your insurance documents.
- If you are filing for a partnership, but not a limited liability partnership, the names of all partners must be entered on this line. Those names should be entered as they will appear on your insurance documents. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), even if you are the sole shareholder member, you must enter the name exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State.
- 2. Trade Name (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the LEGAL NAME OF APPLICANT. A TRADE NAME is considered a FICTITIOUS NAME if the identity of the applicant cannot be readily determined. EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.

3. Do you currently hold PA PUC Authority? X NO Previous Authority?

If yes, at PUC No. A- ____

4. Are you a business entity registered with the PA Department of State? _x_NO If No, you must first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number ______(see checklist and indicate type of business entity registered)

5. Physical Address (do not use post office box)

OFFICE-LEGIS. AFFAIRS

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600134

City, State and Z	ip Code
814-285-0	702
Telephone Numb	
	tered here should reflect the actual location of the business. This is the permission needs in order to dispatch Enforcement Officers to inspen
Mailing Addr	ess (if different from Physical Address)
Street Address	
City, State and Z	ip Code
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10. Certification:

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

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.

Verification of Application

I/We hereby state that the statement(s) made in this application is/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.

Ricky A. Mowery

(Print Name)

Ricky A. Mowery

(Signature)

Ricky A. Mowery

(Date)

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, a member (if a limited liability company), or by the President or Secretary (if a corporation).

Revised 12/1/13