

## 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)

**BSL TRUCKING, LLC.**

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- 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)

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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? NO Previous Authority? NO**

**If yes, at PUC No. A-** \_\_\_\_\_

4. **Are you a business entity registered with the PA Department of State? YES**

If No, you must first register (see checklist)

**If Yes, provide your PA Corporation Bureau Entity ID Number 4144367**  
(see checklist and indicate type of business entity registered)

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

136 ANNETTE DRIVE  
Street Address

NEW CASTLE, PA 16101  
City, State and Zip Code

(724)-996-2020 Telephone Number                      LAWRENCE County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

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

C/O BICEHOUSE CONSULTING & SERVICES  
1887 SANDY LAKE-G.C. ROAD  
Street Address

JACKSON CENTER, PA 16133-2525  
City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Do you hold interstate operating authority?**

No                       Yes, at No. **MC #906808 (Pending)**

9. **What type of commodities do you intend to transport?**

General Freight, Metal, Sheets, Building Materials, Etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN WITNESS WHEREOF, the parties hereto, intending to be legally bound hereby, have set their respective hands and seals as of the date first written below.

WITNESS

COMPANY

Bicehouse Consulting & Services      BSL TRUCKING, LLC.

WITNESS

PURCHASER

X *[Signature]*  
(Signature)

X *[Signature]*  
(Signature)

X Safety & Fuel Tax Conslt

X President *[Signature]*

**Corporation-LP'S-LLP'S and LLC'S Members/Shareholders Info**

For LLP'S/LLP'S and LLC'S:

Partners/Members

| Name                | Address                                 | Titles    |
|---------------------|---|-----------|
| Bobbie Sue LeFebvre | 136 Annette Dr.<br>New Castle, PA 16101 | President |

For Corporations:

Corporation Officers

| Name | Titles | Share Holdings |
|------|--------|----------------|
|------|--------|----------------|