

2/26/15 Original to compliance assignments  
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RECEIVED  
COMMONWEALTH OF PENNSYLVANIA ADMINISTRATIVE SERVICES  
PUBLIC UTILITY COMMISSION  
PO BOX 3265  
HARRISBURG, PA 17105-3265

2015 FEB 23 PM 1:17

PA PUC

**2014 ASSESSMENT REPORT-MOTOR CARRIERS**

This Report **MUST BE FILED** not later than **MARCH 31, 2015**. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301).

A-00108305

TRADE OR CORPORATE NAME OF UTILITY: ARROW INDUSTRIAL CARRIERS, INC.		UTILITY CODE 700482	APPLICATION #
CONTACT NAME: <i>* This Company is no longer in business as of 12/31/13</i>			
ADDRESS 1: 1490 GLEN AVENUE		ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP: MOORESTOWN, NJ 08057			

**OPERATING REVENUE FOR CALENDAR YEAR 2014 (January 1, 2014-December 31, 2014)**

(All amounts shall be rounded to the nearest dollar.)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Passenger 15 and Under
1. PA INTRASTATE OPERATING REVENUE	\$	\$	\$	\$
2. PA EXEMPT INTRASTATE REVENUE	\$	\$	\$	\$
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$	\$	\$	\$

(All amounts shall be rounded to the nearest dollar.)

PA EXEMPT INTRASTATE REVENUE Enter a number from enclosed Exempt Revenue list as applicable. (Attach additional sheets as needed)	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Other
	\$	\$	\$	\$
<b>TOTAL</b> (Enter on Line 2 above)	\$	\$	\$	\$

**UCR REGISTRATION INFORMATION**

2014 UCR Registered:  YES  NO

**IF YES:**

US DOT #: \_\_\_\_\_ INTERSTATE OPERATING REVENUE: \$ \_\_\_\_\_

MC Number: \_\_\_\_\_

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SECRETARY'S BUREAU  
PA PUC  
AH 10:08

**AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS**

In accordance with Sections 505 and 506 of the Public Utility Code, as a means to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled with regard to the below-listed utility and/or individual.

Utility Name \_\_\_\_\_

X \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Name (Printed) Title

**AFFIDAVIT**

I affirm that the information reported herein is complete, true and correct.

*[Signature]*  
\_\_\_\_\_  
(Signature of Individual or Officer)

*2/19/15*  
\_\_\_\_\_  
(Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:  
*Roland J. Whittendale Jr.*

TRADE NAME OR CORPORATE NAME OF UTILITY:  
*Arrow Industrial Carriers Inc. -  
(No longer in business) as of*

FEDERAL ID: \_\_\_\_\_

TELEPHONE NO.: *12/31/13*  
Office ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Cell ( ) \_\_\_\_\_

**NOTARIZATION (Required)**

Subscribed and sworn to before me

this *19th* day of *February*, 2015,  
*Diane N. Whittendale*  
\_\_\_\_\_  
NOTARY SIGNATURE

OFFICIAL SEAL *Notary Public - New Jersey*  
SEAL (Official Title)

*Oct. 18, 2016*  
(Date My Commission Expires)

Name of person to be contacted for additional information:

Name: *Roland J. Whittendale Jr.*  
(printed)  
Telephone: *856 - 234 - 6203* Ext. \_\_\_\_\_

