Pennsylvania Public Utility Commission Bureau of Transportation & Safety PO Box 3265 Harrisburg, PA 17105-3265 (717) 787-3834

Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

TRACKS MAINING LABACH A CHOV OF MCDRICH	s name registration	if applicable)		
Trade Italije (, masira sop) or nomou	o namo regionation	45545		
Physical Address (do not use PO Bo	ox)			
439 SETTLER ROAD		_		
Street Address				
LIGONIER PA 150	458			
City, State and Zip Code	<u> </u>			
724.331 9102	i	NESTMORELAN	VO.	
Telephone Number		unty		
Mailing Address (if different from Phy	ysical Address)			
SAME			SECRETARY'S BUREAU	2015 MAR 11 PH 3: 2:
				
Street Address			ليرا	_

5.	Attorney (if applicable) Attorney's Name & Telephone Number for this Filing					
	Attorn	ney's Address				
6.	Does	es applicant currently hold PA PUC authority? Yes (No) (circle one)				
	-	enter current docket number A-00				
7.	What type of commodity do you intend to transport? <u>CRAVEL</u> , <u>DI</u>					
	_R	o C K				
8.	Form of Organization (Check one that applies to this application) Individual					
	[]	Partnership Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners.				
	[]	Corporation Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration. Include a list of all corporate officers/titles and distribution of shares.				
	[]	LLC or LLP Attach a copy of the Certificate of Incorporation, Certificate of Authority, or foreign corporation registration. Include a list of all members (even if there is only one member) and title of each member.				
9.	Attac	Attachment Checklist				
	For C []	Corporations: Copy of Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration. List of all corporate officers/titles, names of shareholders and distribution of shares.				
	For L	LPs and LLCs Only: Copy of Certificate of Incorporation, Certificate of Authority, or foreign corporation registration. List of all members (even if there is only one member) and title of each member.				
	For F	Partnerships Only: Copy of Partnership Agreement. List the names and addresses of ALL partners.				

For ALL Applicants:				
[]	Fictitious Trade Name Registration (if applicable).			
Ü.	Copy of Current Safety Rating (if available).			
	Proof of Insurance (See item 5 on instruction sheet).			
ī i/	Certified check, money order or attorney's check			

10. Certification

Applicant certifies that it is not now engaged in any intrastate transportation of property 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.

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) or by the President or Secretary (if a corporation).

I/we hereby state that the statements made in this application is/are true and correct to the best of my/our knowledge and belief.

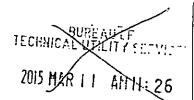
The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 Relating to Unsworn Falsification to Authorities.

PHILIP L SHAFFER	
(Print Name)	
_ Phlo L Slakk	

PUC 189 (Revised 4/09) Philp L Shaff
(Signature)

(Date)

PHILIP L SHAFFER 439 SETTLER ROAD LIGONIER PA 15658







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