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MAR 12 2015

Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
(717) 772-7777  
[www.puc.pa.gov](http://www.puc.pa.gov)

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

**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)

Pro Stat, Inc.

- 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?**  NO **Previous Authority?** \_\_\_ NO

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

4. **Are you a business entity registered with the PA Department of State?** \_\_\_ NO

If No, you must first register (see checklist)

Yes

**If Yes, provide your PA Corporation Bureau Entity ID Number** 3745329  
(see checklist and indicate type of business entity registered)

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

1901 Bernville Road  
Street Address

Reading Pa 19601  
City, State and Zip Code

866 736-7306  
Telephone Number

Berks  
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)

Same as above  
Street Address

\_\_\_\_\_  
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. \_\_\_\_\_

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

Non-emergency transportation services for Pennsylvania consumers  
\_\_\_\_\_  
\_\_\_\_\_

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.

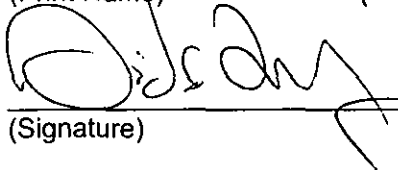
**Verification of Application**

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.

David E Shelly

(Print Name)



(Signature)

1/12/15

(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).

# Corporate ownership

Christina Sullivan, CEO 33% ownership

David E. Shelly, Secretary 33% ownership

Amanda Yrengst, Treasurer 33% ownership

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SECRETARY'S BUREAU

**FedEx** Package Express **US Airbill**

FedEx Tracking Number

8060 8198 6302

Form ID No

0215

Recipient's Copy

**1 From**

Date 1/12/15

Sender's Name David Shelly Phone 610 736-9000

Company PROSTAT

Address 1901 BERNVILLE RD  
Dept./Floor/Suite/Room

City READING State PA ZIP 19601-1113

**2 Your Internal Billing Reference**

**3 To**

Recipient's Name Secretary Phone

Company PA Public Utility Commission

Address 400 North Street 2nd Floor  
We cannot deliver to P.O. boxes or PO ZIP codes. Dept./Floor/Suite/Room

Address  
Use this line for the HOLD location address or for continuation of your shipping address.

City Harrisburg State PA ZIP 17120

0116500401



8060 8198 6302

**4 Express Package Service** \* To most locations  
NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs.  
For packages over 75 lbs., use the FedEx Express Freight US Airbill.

**Next Business Day**

FedEx First Overnight  
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Priority Overnight  
Next business morning \* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight  
Next business afternoon \* Saturday Delivery NOT available.

**2 or 3 Business Days**

FedEx 2Day A.M.  
Second business morning \* Saturday Delivery NOT available.

FedEx 2Day  
Second business afternoon \* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver  
Third business day \* Saturday Delivery NOT available.

**5 Packaging** \* Declared value limit \$500

FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

**6 Special Handling and Delivery Signature Options**

SATURDAY Delivery  
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required  
Package may be left without obtaining a signature for delivery.

Direct Signature  
Someone at recipient's address may sign for delivery. Fee applies.

Indirect Signature  
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?  
One box must be checked.

No  Yes As per attached Shipper's Declaration  Yes Shipper's Declaration not required  Dry Ice Dry Ice, 3 UN 1845 \_\_\_\_\_ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.  Cargo Aircraft Only

**7 Payment Bill to:**

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No.

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash/Check

Total Packages \_\_\_\_\_ Total Weight \_\_\_\_\_ Credit Card Auth \_\_\_\_\_ lbs.

\*Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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