

BEFORE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR  
COMMON CARRIERS OF PROPERTY

RECEIVED  
NOTARIAL OFFICE

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only	
Docket No.	<u>A-114740</u>
Folder No.	_____

MARCH 11 11:10:35

1. Parke G. Hess  
(Full and correct name in which you intend to operate)

2. Hess Trucking  
(Trade name, if any)

The trade name, if fictitious, has not been registered with the Secretary of  
(has or has not)

the Commonwealth on \_\_\_\_\_ (attach copy of date-stamped registration  
(Date) form).

3. 3997 Main Street, 717-872-4585  
(Physical Address) (Telephone No.)

Conestoga, PA York 17516  
(City) (County) (State) (Zip)

4. \_\_\_\_\_  
(Mailing Address; if different)

(City) (County) (State) (Zip)

**DOCUMENT  
FOLDER**  
3

**DOCKETED**  
APPLICATION DOCKET  
MAR 17 1998  
ENTRY No. gtt

13

5. Applicant does hold ICC authority under Dock No. MC 329036  
(does or does not)

6. Applicant does not have a current safety rating issued by \_\_\_\_\_  
(does or does not)

(attach copy).

7. Approximate number of commercial vehicles to be operated intrastate:

owned 1 leased \_\_\_\_\_

8. Applicant is (check one):

**Individual**

**Partnership.** Attach copy of partnership agreement and list names and addresses of all partners below (use additional sheet if necessary).

(Name)	(Address)

**Corporation.** Organized under the laws of the State of \_\_\_\_\_ and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on \_\_\_\_\_ (Attach date-stamped copy of application for Certificate of Incorporation or Authority). Include as an attachment a list of corporate officers and their titles and the names, addresses and number of shares held by each stockholder.

9. Attach the following, as appropriate (check those attached):

Partnership Agreement.

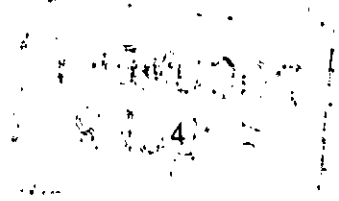
Date-stamped copy of Fictitious Trade Name registration certificate.

Date-stamped copy of Application for Certificate of Incorporation or Certificate of Authority.

Copy of a current safety rating issued by a state or federal agency.

List of corporate officers and stockholders and distribution of shares.

Proof of Insurance.



# VERIFICATION OF APPLICATION

I/We hereby state that the statements made in the application are true and correct to the best of my/our knowledge, information belief.

The undersigned understand(s) that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

PAUL G. HESS Paul G. Hess 3/9/98  
(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

This section must be completed by the applicant appearing on Line 1, if an individual; by all partners, if a partnership; or by the President or Secretary if a corporation).

VERIFICATION OF INFORMATION

10. Certification

- a. 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 the transportation for which approval is herein sought unless and until authorization for such transportation is received.
- b. Applicant certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance, and will be able to comply with them; and acknowledges that failure to abide by the requirements of the Commission as they relate to safety and insurance may result in civil penalties, suspension or cancellation of the certificate.
- c. Applicant certifies that it understands that it is subject to an annual assessment based upon its gross intrastate operating revenues to help pay expenses incurred by the PUC in regulating motor common carriers of property; and acknowledges that failure to file the annual assessment report and timely satisfy the assessment may result in civil penalties, suspension or cancellation of the certificate.

BP-1 (1/93) **FINANCIAL RESPONSIBILITY IDENTIFICATION CARD**

This card must be shown to any Law Enforcement Officer upon request.

- 12509 Selective Insurance Co. of South Carolina, Charlotte, NC 28273-5528  
 12572 Selective Insurance Company of America, Branchville, NJ 07890  
 26301 Selective Way Insurance Co., Branchville, NJ 07890

An authorized Pennsylvania insurer has issued an Owner's Policy of Liability Insurance under the Pennsylvania Motor Vehicle Financial Responsibility Law.

PARKE G. HESS & DIANA R. HESS

POLICY NUMBER

S 1381094

3997 MAIN STREET  
CONESTOGA, PA 17518

EFFECTIVE DATE


11/25/1997

EXPIRATION DATE

05/25/1998

Applicable with respect to the following Motor Vehicle:

<u>1979</u>	<u>INTL</u>	<u>D3117JGB1729</u>
Year	Make	Vehicle Identification Number

 Chairman

SEE IMPORTANT MESSAGE ON REVERSE SIDE



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE  
REFER TO OUR FILE

April 6, 1998

PARKE G HESS  
T/A HESS TRUCKING  
3997 MAIN STREET  
CONESTOGA PA 17516

In re: A-00114740 - Application of Parke G. Hess, t/a Hess Trucking.

Dear Mr. Hess:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of March 28, 1998.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before April 13, 1998.

If comments are filed, you will be advised as to the procedure.

You are not yet authorized to provide intrastate service. You will receive notification when you may begin.

Very truly yours,

Peter S. Marzolf, Supervisor  
Compliance Office  
Bureau of Transportation & Safety

GET/gt

