PO Box 3265 Harrisburg, PA 17105-3265 (717) 787-3834 or FAX (717) 787-5961

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.

	Sπucker Applicant (Individual,	Partnership or Corporati	ion)
d/b/a Sm	ucker Shipping		
rade Name	if Any		
The trade r	name, if fictitious,	has not (Has or has not)	been registered with the
Secretary o	of the Commonwe	alth on	Attach a date
		•	Date)
stamped co	opy of the registrat	tion form.	
958 Chur	chtown Road		
Narvon	Lancaster	PA 17555	1-717-355-0118
	ress (Street, City, Cou	inty and Zip Code)	Telephone Number (Required
Physical Add	ress (Street, City, Cou	unty and Zip Code)	Telephone Number (Required
Physical Addi			Telephone Number (Required
Physical Addi	ress (Street, City, Cou		Telephone Number (Required
Physical Addi			Telephone Number (Required
Physical Adde Saπe Mailing Addre π/a Attorney's Na	ess if Different from Pl me & Telephone Nun	hysical Address	
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Physical Adde Saπe Mailing Addre n/a Attorney's Na	ess if Different from Pl me & Telephone Nun	hysical Address	
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Physical Adding Saπie Mailing Address π/a Attorney's Nation of Supply Attorney's Adding Address Attorney's Adding Address	ess if Different from Pl me & Telephone Nun Attorney's name if you dress	hysical Address nber for this Filing want all correspondence &	notice of process mailed directly to you.
Physical Adding Saπie Mailing Address π/a Attorney's Na Do not supply	ess if Different from Pl me & Telephone Nun Attorney's name if you dress does not	hysical Address nber for this Filing want all correspondence &	
Same Same Mailing Addre n/a Attorney's Na Do not supply Attorney's Ad	ess if Different from Pl me & Telephone Nun Attorney's name if you dress	hysical Address nber for this Filing want all correspondence &	notice of process mailed directly to you.
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A-00119466

8.	Approximate number of commercial vehicles to be operated in Pennsylvania Owned1Leased					
9.	Check one that applies to this application:					
	[X]	Individual				
	[]	[] Partnership (Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners below.)				
	(Attac	ch a separate sheet if space provided in not sufficient.)				
	(chiaon a soparate sheet ii space provided iii not Sunicient.)					
	[]	Corporation Organized under the laws of the state of				
		Attach a date-stamped copy of the Application for Certificate of Incorporation or Certificate of Authority. Include a list of corporate officers with titles, names of shareholders and number of shares held, and addresses.				
10.	Attachment Checklist:					
	For	For Corporations Only:				
	[]	Date-stamped copy of Application for Certificate of Incorporation or				
	[]	Certificate of Authority. List of corporate officers/titles and distribution of shares.				
		For Partnerships Only:				
	[]	Copy of Partnership Agreement.				
	For	For ALL Applicants:				
	[]	Fictitious Trade Name Registration (if applicable).				
	[]	Copy of Current Safety Rating (if available). Proof of Insurance (See item 5 on instruction sheet).				
	M	Certified check, money order or attorney's check.				
	_					

11. 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 application.

Verification of Application

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.

(Print Name)

(Signature)

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

PUC 189 Revised 10/00

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

The addressee named here has paid the PA P.U.C. for the following bill:

DATE 12/14/01 RECEIPT# 199187

SMUCKER, GIDEON E. SMUCKER SHIPPING 958 CHURCHTOWN ROAD NARVON PA 17555

IN RE: Application fees for SMUCKER, GIDEON E.

Docket Number A-00118466..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: US PMO 03431208014

CHECK AMOUNT: \$100.00

C. Joseph Meisinger (for Department of Revenue)

DOCUMENT

FOLDER

