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**Application for Motor Common Carrier of Property**

PA P.U.C.  
SECRETARY'S BUREAU

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)

Christopher P Parker Lisa M Parker

- 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)

Parker Trucking

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)

If Yes, provide your PA Corporation Bureau Entity ID Number 463062978  
(see checklist and indicate type of business entity registered)

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

118 Mulberry Street  
Street Address  
Arnot PA 16911  
City, State and Zip Code  
570-404-4382  
Telephone Number  
Tioga  
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)

PO Box 114  
Street Address  
Arnot PA 16911  
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. MC 832535 (MC #)  
(DOT #) 241 7802

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

Coal and Lignite

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.

Christopher P Parker  
(Print Name)

  
(Signature)

2/18/15  
(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).

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Please remember to submit application after printing.

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Good  
week  
cable*

**Pennsylvania Enterprise Registration for Parker Trucking  
Section 0 Table of Contents**

**Section 1 Reason for This Registration**

Indicate Reason for this Registration

**Registration of a New Enterprise**

Did this enterprise:

Acquire all or part of another enterprise? **NO**

Result from a change in legal structure (for example, from individual proprietor to corporation, partnership to corporation, corporation limited liability company)? **NO**

Undergo a merger, consolidation, dissolution or other restructuring? **NO**

**Section 2 Enterprise Information**

1. Date of first operations: **7/1/2013**
2. Date of first operations in PA: **7/1/2013**
3. Enterprise Fiscal Year End: (MM/DD) **12/30**
4. Enterprise Legal Name: **Parker Trucking** (DO NOT enter any punctuation or abbreviation.)
5. Employer Identification Number (EIN) : **463062978** (Leave blank if you do not have a valid EIN. Enter digits only. DO NOT use dashes.)
6. Enterprise Trade Name (if different than legal name otherwise leave blank): **Parker Trucking** (DO NOT enter any punctuation or abbreviation.)
7. Enterprise Telephone Number (Begin a domestic phone number with Area Code, DO NOT begin with "1". Example: XXX-XXX-XXXX): **570-404-4382**
8. Enterprise Street Address
 

Address 1:	<b>118 Mulberry Street</b>
Address 1 (Continued):	<b>PO Box 114</b>
City/Town:	<b>Arnot</b>
County:	<b>TIOGA</b>
State:	<b>PENNSYLVANIA</b>
Zip Code:	<b>16911</b>

3. The enterprise **IS NOT** exempt from taxation under Internal Revenue Code section 501(C)(3)

Please Note: Completing this form will NOT fulfill the requirement to register for corporate taxes. Registering corporations must also contact the PA Department of State to secure corporate name clearance and register for corporation tax purposes. Contact the PA Department of State at (717) 787-1057.

**Section 6 Owner, Officer, Partner, Shareholder, Responsible Party Information**

Provide the following for all individual and/or enterprise owners, partners, officers, shareholders, and responsible parties. If stock is publicly traded, provide the following for any shareholder with an equity position of 5% or more:

1.	Owner's Name: <b>Parker, Lisa M</b>
2.	Social Security Number: <span style="background-color: black; color: black;">XXXXXXXXXX</span>
3.	Date of birth: <b>9/22/1969 MM/DD/YYYY</b>
5.	This person is an: <b>Owner Title: co owner</b>
7.	Effective Date of title: <b>7/1/2013 MM/DD/YYYY</b>
8.	Percent of ownership: <b>50%</b> Date of ownership: <b>7/1/2013</b>
10.	Address of owner
	Address 1:
	City/Town:
	County: <b>Unknown</b>
	State: <b>PENNSYLVANIA</b>
	Zip Code:
11.	This person <b>IS NOT</b> responsible to remit Sales Tax This person <b>IS NOT</b> responsible to remit Employer Withholding This person <b>IS</b> responsible to remit Motor Fuel Taxes This person <b>IS NOT</b> responsible to remit Workers' Compensation Coverage

1.	Owner's Name: <b>Parker, Christopher P</b>
2.	Social Security Number: <span style="background-color: black; color: black;">XXXXXXXXXX</span>
3.	Date of birth: <b>4/3/1971 MM/DD/YYYY</b>
5.	This person is an: <b>Owner Title: co owner</b>
7.	Effective Date of title: <b>7/1/2013 MM/DD/YYYY</b>
8.	Percent of ownership: <b>50%</b> Date of ownership: <b>7/1/2013</b>
10.	Address of owner
	Address 1:
	City/Town:
	County: <b>Unknown</b>
	State: <b>PENNSYLVANIA</b>

**FINANCIAL RESPONSIBILITY IDENTIFICATION CARD**

**INSURANCE COMPANY NAME**  
Erie Insurance Exchange

**NAIC CODE**  
26271

**POLICY NUMBER**  
Q07-10-30715

EFFECTIVE	UNTIL
07-10-14	01-10-15

NOT VALID MORE THAN SIX MONTHS FROM EFFECTIVE DATE

95 RAVE 1R1D040295J095745

Year Make V.I.N. If only 5 digits, they are last 5.

**NAMED INSURED**  
PARKER TRUCKING  
CHRISTOPHER PARKER D/B/A  
PO BOX 114  
ARNOT, PA 16911-0114

YOU NEED THE I.D. CARD FOR VEHICLE INSPECTION AND OTHER PA STATE REQUIREMENTS--SEE BACK OF CARD.

**YOUR AUTO POLICY IS EFFECTIVE**  
FROM 07-10-14 TO 07-10-15

**TO COMPLY WITH PENNSYLVANIA LAW, WE WILL:**

1. Issue a 6 month I.D. card on the policy effective date.
2. Six months later issue another 6 month I.D. card.
3. Issue a card for replacement or additional vehicle(s).

WERT INSURANCE AGENCY INC AA7052  
2388 S MAIN  
MANSFIELD PA  
16933-9311



**Erie Insurance**  
100 Erie Insurance Place  
Erie, PA 16530

co. 05172014 R  
USE

PB0004 0109

SEE IMPORTANT MESSAGE ON REVERSE SIDE

Parker  
PO BOX 114  
16911



Secretary PA Public Utility  
400 North St 2nd floor (Commission)  
Harrisburg, PA 17120