

Emergency Temporary Authority. (Revised 11/21/13)

INSTRUCTIONS TO BE FOLLOWED IN PREPARING AND FILING THE APPLICATION.

1. This application is to be used when applying for emergency temporary authority, temporary authority, and extensions of emergency temporary authority when an emergency exists which requires the immediate transportation of passengers or household goods in use.
2. The signed original of the application must be either electronically filed (eFiled) with the Commission or filed in paper form with the Secretary, Pennsylvania Public Utility Commission, PO Box 3265, Harrisburg, PA 17105-3265.
3. A non-refundable filing fee of **\$100.00** is required at the time of filing. A \$100.00 fee is required for each application for Emergency Temporary Authority, Temporary Authority and Extension of Emergency Temporary Authority.
4. Applications without the required fee will be returned. The filing fee must be paid **by certified check or money order made payable to the Commonwealth of Pennsylvania**. In the alternative, a check drawn on an attorney's account is acceptable. Please staple the filing fee to the application.
5. All parts of the form must be completed, and the application must be signed. The information requested on Appendix A and Appendix B must be provided using a separate sheet of paper. The verification pages attached to the Appendix A and Appendix B questions must be signed and returned with the Appendix A and Appendix B information. All applicants must provide the requested financial data, which is the most recently available.
6. If warranted, an Emergency Temporary Authority (ETA) will be granted for 60 days. If the emergency situation is anticipated to continue beyond 60 days, an application for Temporary Authority (TA) and permanent authority must be filed. Applications for permanent authority are available on the Commission's website, www.puc.state.pa.us.
7. If the applications for TA and permanent authority are filed more than 15 days after the filing of the application for ETA, an ETA extension is also required. This form must also be used to apply for an ETA extension.
8. Prior to providing service in Pennsylvania, a carrier must have bodily injury and property damage insurance, as well as cargo liability insurance when applicable. **The Commission must be provided with evidence of insurance when this form is filed.** Acceptable temporary proofs of insurance consist of:
 - A copy of the declaration page of your insurance policy. (The declaration page must bear the signature of an authorized representative of the insurance company.)

- A copy of a valid binder of insurance.
- A copy of an application for insurance with the PA Automobile Insurance Plan (assigned risk).

Do not send a Certificate of Insurance. The Commission does not recognize a certificate of insurance as a valid temporary proof.

Permanent evidence of insurance will be a Form E for bodily injury and property damage insurance and a Form H for cargo insurance. These forms are mailed directly to the Commission from the home office of your insurance company. The Commission does not except faxed forms as permanent evidence of insurance. However, if your insurance company subscribes to NOR (National Online Registries, Inc. at www.mcinfo.org), you can request the insurance company to file the required insurance forms electronically through NOR. The electronically filed insurance forms will reach the Commission more quickly than mailed forms.

Carriers currently certificated by the Commission may provide a statement certifying that the insurance currently in effect will cover the operations proposed in the application(s) for ETA and/or TA.

9. A copy of each application must be sent by certified mail to each labor union identified in Appendix A and Appendix B.
10. The Commission's regulations concerning grants of emergency temporary authority and temporary authority are contained in 52 Pa. Code § 3.383 and subsections. Title 52, Pennsylvania Code is available for review at law libraries, some larger public libraries or on line at www.pacode.com.

If you need help, please call 717-787-3834.

6. APPLICANT _____ HOLD INTRASTATE OPERATING
(does or does not)
AUTHORITY AT DOCKET NUMBER PA PUC A-_____.
7. APPLICANT _____ HAVE A CURRENT SAFETY RATING
(does or does not)
ISSUED BY THE US DOT, PA PUC OR OTHER STATE REGULATORY
AGENCY. (ATTACH COPY)
8. IF YOU PREVIOUSLY FILED A CORRESPONDING APPLICATION FOR
PERMANENT AUTHORITY PROVIDE A DOCKET NUMBER AND FILING
DATE _____
9. IF THIS APPLICATION FOR EMERGENCY TEMPORARY AUTHORITY IS
NOT ACCOMPANIED BY APPLICATIONS FOR CORRESPONDING
TEMPORARY AND PERMANENT AUTHORITY, STATE WHEN THE
APPLICATIONS FOR TEMPORARY AND PERMANENT AUTHORITY
WILL BE FILED _____.
10. DESCRIBE THE SERVICE TO BE PROVIDED AND THE AREA IN WHICH
SERVICE WILL BE PROVIDED UNDER A GRANT OF THE REQUESTED
EMERGENCY TEMPORARY AUTHORITY:

NOTE: The scope of the authority requested in this application for emergency temporary authority may not exceed the scope of the authority requested in the application for permanent authority.

11. CERTIFICATION:

APPLICANT CERTIFIES THAT IT IS AWARE THAT A GRANT OF THE REQUESTED AUTHORITY WILL CREATE NO PRESUMPTION THAT CORRESPONDING PERMANENT AUTHORITY WILL BE GRANTED.

APPLICANT FURTHER CERTIFIES THAT IT WILL COMPLY WITH COMMISSION INSURANCE AND TARIFF REQUIREMENTS BEFORE BEGINNING TO PROVIDE SERVICE UNDER A GRANT OF EMERGENCY TEMPORARY AUTHORITY AND THAT APPLICANT MAY BE SUBJECT TO CIVIL PENALTIES FOR FAILURE TO COMPLY WITH COMMISSION REQUIREMENTS.

APPLICANT FURTHER CERTIFIES THAT THE APPLICATION HAS NOT BEEN FILED AS A RESULT OF THE THREAT OR EXISTEENCE OF A LABOR DISPUTE.

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. § 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.

STATEMENT OF FINANCIAL CONDITION

Balance Sheet as of _____.

ASSETS

Current Assets:

Cash _____

Accounts Receivable _____

Notes Receivable _____

Other Current Assets (Specify) _____

Total Current Assets _____

Tangible Assets

Land _____

Office Equipment _____

Less Accumulated Depreciation - _____ = _____

Buildings and Structures _____

Less Accumulated Depreciation - _____ = _____

Investments and Funds (Specify) _____

Intangible Assets _____

Other Assets (Attach Schedule) _____

Total Assets _____

LIABILITIES

Current Liabilities (Liabilities due within one year if date)

Accounts Payable _____

Notes Payable _____

Other Liabilities (Attach Schedule) _____

Total Current Liabilities _____

Long Term Liabilities (Liabilities due after one year of date)

Accounts Payable _____

Notes Payable _____

Other Liabilities (Attach Schedule) _____

Total Long Term Liabilities _____

Total Liabilities _____

Net Worth (Partnerships and Individuals) _____

OWNERS EQUITY (Corporations Only)

Capital Stock _____

Additional Paid-in Capital _____

Retained Earnings _____

Less: Treasury Stock _____

Total Owners Equity _____

Total Liabilities and Owners Equity _____

STATEMENT OF FINANCIAL CONDITION

Income Statement

12 Month Period ending _____.

Revenue and Gains

Operating Revenue _____

Net Revenue (non-carrier operation) _____

Dividend and Interest Revenue _____

Other Non-Operating Revenue _____

Gains _____

Total Revenue and Gains _____

Expenses

Equipment _____

Insurance _____

Employee Salaries _____

Supervisory Salaries _____

Officer Salaries _____

Materials and Supplies _____

General Office _____

Advertising _____

Telephone _____

Professional Fees _____

Uncollectible Revenue _____

Depreciation _____

Operating Taxes and Licenses _____

Rent _____

Loss _____

Total Operating Expense and Losses _____

Net Income before Taxes _____

Provision for Income Taxes _____

Net Income _____

APPENDIX A – APPLICANT’S STATEMENT

This is an outline; the statement should be completed on separate sheets of paper.

Applicant’s Statements must be prepared by the applicant or authorized representative of applicant and must include:

- (A) Identity of applicant and identity of witness making statement for applicant.
- (B) A description of the equipment, which will be used to render service including a statement whether it is specialized equipment. (Describe what makes the equipment specialized).
- (C) A description of the applicant’s terminal facilities and personnel.
- (D) A statement of whether the filing of the application resulted from a warning, road check or investigation by the Commission.
- (E) A telephone number at which the applicant or authorized representative of the applicant may be contacted.
- (F) A statement of the proposed rates, fares or charges, and schedule provisions.
- (G) A statement of whether there are under suspension any rates, fares or charges published for its accounts or whether an application for special permission to file its rates, fares or charges on less than 30 days’ notice in connection with another **ETA, TA** or permanent authority application covering the same territory has been granted or denied.
- (H) Proof of ability to comply with the Commission’s insurance requirements, or in the case of an authorized carrier, a statement indicating that it currently has evidence of insurance on file with the Commission.
- (I) Names, addresses and telephone numbers of all labor unions which represent, or which within the past 12 months have represented, or which have filed a petition to represent the employees of the applicant with the National Labor Relations Board or the Pennsylvania Labor Relations Board. If the application seeks the temporary approval of a transfer of rights under a certificate of public convenience, this information shall be supplied for the transferor and the transferee. Please include the telephone number for each union state.
- (J) The statement must be signed by the person making statement, supported by verification (see attached) or by affidavit (notarized).

VERIFICATION OF APPENDIX A

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. § 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.

APPENDIX B – SUPPORTING SHIPPER/WITNESS STATEMENTS

This is an outline; the statement(s) should be completed on separate sheets of paper.

Statements of Supporting Shippers or Witnesses must be prepared by the shipper(s) or witness(es) or an authorized representative and must include:

- (A) Identity of shipper and identity of witness making statement for shipper.
- (B) Points or areas to, from or between which the transportation will be provided.
- (C) A statement of the shipper's current and recent needs concerning volume of traffic, frequency of movement and manner of transportation.
- (D) A statement indicating when the service is needed.
- (E) A statement indicating how long the need for service will continue and whether the supporting shipper or witness will support a permanent authority application.
- (F) An explanation of the consequences of not having the service made available.
- (G) A description of the circumstances, which created an immediate need for the requested service.
- (H) A statement of whether efforts have been made to obtain the service from existing carriers, including the dates and results of these efforts
- (I) Names and addresses of existing carriers who have failed or refused to provide the service, and the reasons given for failure or refusal.
- (J) A statement of whether the supporting shipper or witness has supported a recent application for permanent, temporary or emergency temporary authority covering all or part of the requested service, the carrier's name, address and docket number, if known, and whether the application was granted or denied and the date of the action, if known.
- (K) Names, addresses and telephone numbers of all labor unions which represent, or which, within the past 12 months have represented, or have filed a petition to represent the employees of the supporting shipper with the National Labor Relations Board or the Pennsylvania Labor Relations Board. Please include the telephone number for each union stated.
- (L) Each statement must be signed by the person making statement supported by verification (see attached) or by affidavit (notarized).

VERIFICATION OF APPENDIX B

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. § 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

(PRINT NAME)

(SIGNATURE)

(DATE)

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