

**Pennsylvania Public Utility Commission**  
**PO Box 3265**  
**Harrisburg, PA 17105-3265**  
**(717) 787-1227**

## **Application for Motor Common Carrier of Property**

Please complete all parts of the following application. For questions, please call the Commission at (717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership, LP, LLP, Corporation, or LLC)

Edgar MacLane

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2. **Trade Name** (if using a fictitious trade name, it must be registered with the Dept. of State)

Oxmoose Trucking

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**Fictitious name and Registration number** (if applicable)

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3. **Physical Address** (do not use PO Box)

442 Plane St.

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Street Address

Middletown PA 17057

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City, State and Zip Code

214-702-2240

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Telephone Number

County

Dauphin

4. **Mailing Address** (if different from Physical Address)
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Street Address

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City, State and Zip Code

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5. **Attorney** (if applicable)
- 

Attorney's Name & Telephone Number for this Filing

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Attorney's Address

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6. Does applicant currently hold or has ever held PA PUC authority?

Yes  No  (circle one)

If yes, PUC NO. A- \_\_\_\_\_

7. What type of commodity do you intend to transport?

Dry goods  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you one of the following? If yes, check below.

Individual

Partnership

9. Are you a business entity registered with the PA Department of State?

If YES, please check below the type of business that applies to this Application and provide the Entity ID Number given to you by the PA Department of State:

Limited Partnership

\_\_\_\_\_  
Corporation Bureau Entity ID Number

Limited Liability Partnership

\_\_\_\_\_  
Corporation Bureau Entity ID Number

Limited Liability Company

\_\_\_\_\_  
Corporation Bureau Entity ID Number

Corporation – For Profit

\_\_\_\_\_  
Corporation Bureau Entity ID Number

Corporation – Nonprofit

\_\_\_\_\_  
Corporation Bureau Entity ID Number

Fictitious Name (if applicable)

4077859  
\_\_\_\_\_

If NO, contact the PA Department of State and apply according to how you will do business in PA:

PA Corporations (Profit or Non-Profit)

- File for Articles of Incorporation

Foreign Corporations

- File for a Certificate of Authority

- PA Limited Partnerships,  
Limited Liability Partnerships,  
Limited Liability Companies                    -    File for an Application of Registration
- Fictitious Name Registration                -    File **only** if Trade Name will be different  
than the business name you register with  
the Department of State

**10. Attachment Checklist**

- Individual:                     Certified Check, money order, or check from attorney  
                                       Copy of Current Safety Rating (if available)
- Partnership:                  Certified Check, money order, or check from attorney  
                                       List of names and addresses of ALL Partners  
                                       Copy of Current Safety Rating (if available)
- Limited Partnership:         Corporation Bureau Entity Number as entered above in #9  
                                       Certified Check, money order, or check from attorney  
                                       List of names and addresses of ALL Partners  
                                       Copy of Current Safety Rating (if available)
- Limited Liability Partnership:  Corporation Bureau Entity Number as entered above in #9  
                                       Certified Check, money order, or check from attorney  
                                       List of names and addresses of ALL Partners  
                                       Copy of Current Safety Rating (if available)
- Limited Liability Company:  Corporation Bureau Entity Number as entered above in #9  
                                       Certified Check, money order, or check from attorney  
                                       List of names and addresses of ALL Members and Title of each  
   Member (even if only one member)  
                                       Copy of Current Safety Rating (if available)
- Corporation – For Profit:     Corporation Bureau Entity Number as entered above in #9  
                                       Certified Check, money order, or check from attorney  
                                       List of ALL Corporate Officers and Titles, name of each  
   Shareholder and distribution of shares  
                                       Copy of Current Safety Rating (if available)
- Corporation – Non-Profit:     Corporation Bureau Entity Number as entered above in #9  
                                       Certified Check, money order, or check from attorney  
                                       List of ALL Corporate Officers and Titles and those serving on  
   Board of Directors  
                                       Copy of Current Safety Rating (if available)

**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).
- Certified check, money order or attorney's check.

**10. 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 Verification of Application.**

**Verification of Application**

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).

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

Edgar MacLane  
(Print Name)

Edgar MacLane 1/9/12

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PENNSYLVANIA Department of State

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Business Entity Filing History

Date: 1/17/2012 (Select the link above to view the Business Entity's Filing History)

Business Name History

Name	Name Type
Oxmoose Trucking	Current Name

Fictitious Names - Domestic - Information

Entity Number: 4077859  
 Status: Active  
 Entity Creation Date: 12/22/2011  
 State of Business: PA  
 Principal Place of Business: 442 Plane St  
 Middletown PA 17057  
 Mailing Address: No Address

Owner Information

Owner(s) for: Oxmoose Trucking

Owners

Name: Maclane, Edgar  
 Mailing Address: 442 Plane Street  
 Middletown PA 17057

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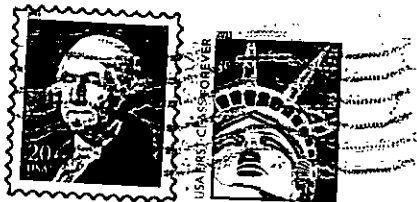


**TRUCKER'S**  
PAPER TRAIL, INC.

5579 Division Highway  
Narvon, PA 17555

HARRISBURG PA 170

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