

## Emergency Temporary Authority

### 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 for the public which requires the immediate transportation of passengers or household goods in use and no other transportation service is available.**
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, 400 North Street, Second Floor, Harrisburg, PA 17120.

**ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.**

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. If not e-filed, 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.
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.pa.gov](http://www.puc.pa.gov)

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.

Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at [www.nicinsurancefilings.com](http://www.nicinsurancefilings.com) . You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable.

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 online at [www.pacode.com](http://www.pacode.com).

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

## APPLICATION

\_\_\_\_\_ **EMERGENCY TEMPORARY AUTHORITY (ETA):** When emergency conditions exist which do not permit sufficient time to afford notice to the public, ETA will be granted for an initial period not to exceed 60 days.

\_\_\_\_\_ **TEMPORARY AUTHORITY (TA):** When emergency conditions exist or continue to exist which require a grant of authority prior to the processing of an application for permanent authority (PA). All applications for TA must be accompanied by a corresponding application for permanent authority; TA applications are published in the Pennsylvania Bulletin and are subject to protests.

\_\_\_\_\_ **EXTENSION OF EMERGENCY TEMPORARY AUTHORITY:** When an emergency continues beyond the initial 60-day period and corresponding permanent and temporary applications for authority were not filed simultaneously with or within 15 days of the date of filing of the ETA.

1. \_\_\_\_\_  
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)
  
2. \_\_\_\_\_  
TRADE NAME IF ANY  
The trade name, if fictitious, \_\_\_\_\_ been registered with  
(has or has not)  
the Secretary of the Commonwealth on \_\_\_\_\_. Attach a  
date stamped copy of the registration form.
  
3. \_\_\_\_\_  
PHYSICAL ADDRESS (City, County, and Zip Code)
  
4. \_\_\_\_\_      \_\_\_\_\_  
TELEPHONE NUMBER (REQUIRED)      E-MAIL ADDRESS (REQUIRED)
  
5. \_\_\_\_\_  
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

6. ATTORNEY'S NAME AND TELEPHONE NUMBER FOR THIS FILING  
(Do not supply an Attorney's name if you want all correspondence and notice of process mailed directly to you.)
- ATTORNEY'S ADDRESS E-MAIL ADDRESS
7. APPLICANT \_\_\_\_\_ HOLD INTRASTATE OPERATING  
(does or does not)
- AUTHORITY AT DOCKET NUMBER PA PUC A-\_\_\_\_\_.
8. DOES APPLICANT HAVE A USDOT NUMBER?  
\_\_\_ NO \_\_\_ YES, USDOT # \_\_\_\_\_
9. APPLICANT \_\_\_\_\_ HAVE A CURRENT SAFETY RATING  
(does or does not)  
ISSUED BY THE US DOT, PA PUC OR OTHER STATE REGULATORY  
AGENCY. (ATTACH COPY)
10. IF YOU PREVIOUSLY FILED A CORRESPONDING APPLICATION FOR  
PERMANENT AUTHORITY PROVIDE A DOCKET NUMBER AND  
FILING DATE \_\_\_\_\_
11. 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 \_\_\_\_\_.
12. 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.

13. 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 EXISTENCE 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)

\_\_\_\_\_  
(PRINT NAME) (SIGNATURE) (DATE)

\_\_\_\_\_  
(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.

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(PRINT NAME)

(SIGNATURE)

(DATE)

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## 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.

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(PRINT NAME)

(SIGNATURE)

(DATE)

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