

**Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834**

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.

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

AST Transport LLC

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

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

526 West Ogle St.

Street Address

Ebensburg PA 15931

City, State and Zip Code

814-207-0418

Telephone Number

Cambria

County

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

PO Box 159

Street Address

Duncansville PA 16835

City, State and Zip Code

RECEIVED
2011 MAY 16 AM 10:12
PA.P.U.C.
SECRETARY'S BUREAU

5. **Attorney** (if applicable)

n/a
Attorney's Name & Telephone Number for this Filing

n/a
Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes **No** (circle one)

If yes, enter current docket number A-00

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

tools, Machine Parts,

8. **Form of Organization** (Check one that applies to this application)

Individual

Partnership

Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners.

Corporation

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration. Include a list of all corporate officers/titles and distribution of shares.

LLC or LLP

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or foreign corporation registration. Include a list of all members (even if there is only one member) and title of each member.

9. **Attachment Checklist**

For Corporations:

Copy of Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration.

List of all corporate officers/titles, names of shareholders and distribution of shares.

For LLPs and LLCs Only:

Copy of Certificate of Incorporation, Certificate of Authority, or foreign corporation registration.

List of all members (even if there is only one member) and title of each member.

For Partnerships Only:

Copy of Partnership Agreement.

List the names and addresses of ALL partners.

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.

Melissa Menie
(Print Name)
Melissa Menie
(Signature) 5-11-11
(Date)

Renewal of Number
NEW

Policy Number
LTO0002190

National Casualty Company

Property/ Casualty Division

Home Office:

One Nationwide Plaza – Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive, Scottsdale, Arizona 85258

1-800-423-7675 (outside Arizona)

A STOCK COMPANY

COMMON POLICY DECLARATIONS

Item 1. Named Insured and Mailing Address

AST TRANSPORT LLC
PO BOX 159
DUNCANSVILLE PA 16635

Agent Name and Address

INTERSTATE INSURANCE
MANAGEMENT - LONG HAUL
2307 MENOHER BLVD
JOHNSTOWN PA 15905

Agent No.
37020

Program No.: 00NN

Item 2. Policy Period From: 02-25-2011 To: 02-25-2012 Term: 1 Year

12:01 A.M., Standard Time at you mailing address

Business Description BUILDING MATERIALS/STEEL HAULER

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium
Commercial General Liability Coverage Part	\$ 441.00
Commercial Property Coverage Part	\$ NOT COVERED
Commercial Crime Coverage Part	\$ NOT COVERED
Commercial Inland Marine Coverage Part	\$ 854.00
Commercial Auto (Business Auto or Truckers) Coverage Part	\$ 2,578.00
THIS POLICY DOES NOT COVER COLLISION DAMAGE TO RENTAL VEHICLES IN PA.	
Commercial Garage Coverage Part	\$ NOT COVERED
Professional Liability Coverage Part	\$ NOT COVERED
	\$
	\$
	\$
	\$
	\$
	\$
Total Policy Premium	\$ 3,873.00
	\$
	\$

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.
OP-D-1 (12-00)



Per Page 2 of the Application for Motor Common Carrier of Property Application, below is a list of all members of the company of AST Transport, LLC and their titles

Melissa Menie, President

Jennifer Hillegass, Operations Manager

Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)

Name BLAIR V. PAWLOWSKI, ESQUIRE		
Address 603 N. JULIAN STREET, P.O. BOX 658		
City EBENSBURG, PA	State PA	Zip Code 15931

Document will be returned to the name and address you enter to the left.



Commonwealth of Pennsylvania
CERTIFICATE OF ORGANIZATION 3 Page(s)

Fee: \$125



T1034767147

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited-liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):
AST TRANSPORT, LLC.

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street 720 ROWENA DRIVE	City EBENSBURG	State PA	Zip 15931	County CAMBRIA
(b) Name of Commercial Registered Office Provider c/o:				County

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2):

Name MELISSA A. MENIE	Address 520 W. HIGHLAND AVE., EBENSBURG, PA 15931

PA DEPT. OF STATE

DEC 13 2000

AST Transport LLC

PO Box 159

Duncansville PA 16635

JOHNSTOWN PA

17 MAY 2011 PM



Pennsylvania Public Utilities Commission

PO BOX 3265

Harrisburg PA 17105-3265

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