

SAPORITO, SAPORITO & FALCONE
ATTORNEYS AT LAW
SUITE 202
FOUR HUNDRED NINETY NORTH MAIN STREET
PITTSBURGH, PENNSYLVANIA 15222

JOSEPH F. SAPORITO (1919-2001)
JOSEPH F. SAPORITO, JR.
SAMUEL A. FALCONE, JR.
WILLIAM J. WATT, III

August 17, 2011

E-Mail: jsaporito@saporitofalcone.com
sfalcone@saporitofalcone.com
billwatt@saporitofalcone.com

RECEIVED
2011 AUG 19 AM 11:07
PA P.U.C.
SECRETARY'S BUREAU
(570) 654-4643
FAX (570) 654-5050

Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

RE: J. Oliveri Trucking, LLC
Application for Motor Common Carrier of Property

Dear Sir/Madam:

Please be advised that this office represents J. Oliveri Trucking, LLC, in connection with its Application for Motor Common Carrier of Property. Consistent therewith, I have enclosed the following:

1. An original and one copy of the signed Application;
2. A certified money order made payable to the Commonwealth of Pennsylvania in the amount of \$100.00 for filing of the Application;
3. A copy of the Certificate of Incorporation for J. Oliveri Trucking, LLC from the Commonwealth of Pennsylvania, Department of State, Corporation Bureau;
4. Business Auto Coverage Form *Declarations* from Victoria Automobile Insurance Company for J. Oliveri Trucking, LLC, evidencing temporary proof insurance for sixty (60) days. My client has informed me that Victoria Automobile Insurance Company, will not release the permanent evidence of insurance Form E for bodily injury and property damage insurance and/or Form H or Cargo Waiver for cargo insurance until the Commission has issued J. Oliveri Trucking, LLC a docket number. At that time, we will provide you with evidence of same;

Secretary
Pennsylvania Public Utility Commission
Harrisburg, PA 17105-3265
August 17, 2011
Page 2.

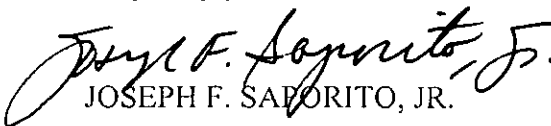
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PA P.U.C.
SECRETARY'S BUREAU

5. Registration Confirmation from the U.S. Department of Transportation, Federal Motor Carrier Safety Administration, evidencing J. Oliveri Trucking, LLC's application seeking federal registration to operate in interstate commerce or as an intrastate carrier with the intent to operate a vehicle in excess of 10,000 pounds; and
6. A list of all members of the limited liability company and the title of each member.

In addition, it is my understanding that within one-hundred eighty (180) days of your issuance of a Certificate of Public Convenience a Commission Enforcement Officer will contact my client to schedule a safety fitness review. Thereafter, we will provide the Commission with a copy of the current safety rating for J. Oliveri Trucking, LLC.

Please notify me if anything additional is needed on behalf of this Application.

Very truly yours,


JOSEPH F. SAPORITO, JR.

JFSJR:ls
Enclosure
cc: J. Oliveri Trucking, LLC

RECEIVED

2011 AUG 19 AM 11:16

PA P.U.C.
SECRETARY'S BUREAU

**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)

J. OLIVERI TRUCKING, LLC

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

N/A

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

62 WINTER STREET

Street Address

PITTSTON TOWNSHIP, PA 18640

City, State and Zip Code

(570) 654-2612

LUZERNE

Telephone Number

County

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

N/A

Street Address

N/A

City, State and Zip Code

5. **Attorney** (if applicable)

JOSEPH F. SAPORITO, JR., ESQUIRE

(570) 654-4643

Attorney's Name & Telephone Number for this Filing

490 NORTH MAIN STREET, SUITE 202, PITTSTON, PA 18640

Attorney's Address

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

PUC NO. A-

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

SAND, GRAVEL, CRUSHED STONE, SLAG, TOP SOIL & DIRT (AGGREGATES),
BLACKTOP, COAL AND RELATED PRODUCTS.

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.

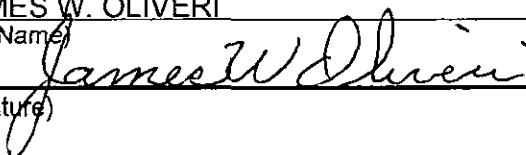
Verification of Application

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.

JAMES W. OLIVERI
(Print Name)


(Signature)

AUGUST 17, 2011

(Date)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

J. OLIVERI TRUCKING, LLC

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4046501

Saporito, Joseph F, Jr. Esq
490 North Main Street, Suite 202
Pittston, PA 18640

**PENNSYLVANIA DEPARTMENT OF STATE
 CORPORATION BUREAU**

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

Name Joseph F. Saporito, Jr., Esquire		
Address 490 North Main Street, Suite 202		
City Pittston	State PA	Zip Code 18640

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



T1121041044

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):
J. OLIVERI TRUCKING, 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 62 WINTER STREET	City PITTSSTON TOWNSHIP	State PA	Zip 18640	County LUZERNE
(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	Address
JAMES W. OLIVERI	62 Winter Street, Pittston, PA 18640
JUSTIN J. OLIVERI	8 DePew Street, Pittston, PA 18640

PA DEPT. OF STATE
 JUL 8 2011

PA DEPT. OF STATE
 JUL 18 2011

2011 JUL 29 PM 2:28

PA DEPT. OF STATE

RECEIVED TIME JUL. 29. 2:22PM

4. ~~Strike out if inapplicable term~~
A member's interest in the company is to be evidenced by a certificate of membership interest.

5. ~~Strike out if inapplicable:~~
Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: _____
month date year hour, if any

7. ~~Strike out if inapplicable: The company is a restricted professional company organized to render the following restricted professional service(s):~~

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have)
signed this Certificate of Organization this
30th day of June, 2011.

James W. Oliver
JAMES W. OLIVER Signature

Justin J. Oliver
JUSTIN J. OLIVER Signature



8/10/2011

VICTORIA AUTOMOBILE INSURANCE COMPANY
 22901 Millcreek Blvd. Cleveland, OH 44122-5728
 1-800-888-8424

AMENDED BUSINESS AUTO COVERAGE FORM DECLARATIONS

ITEM ONE

NAMED INSURED

J. OLIVERI TRUCKING, LLC.
 62 WINTER STREET
 PITTSSTON TOWNSHIP PA 18640

AGENT (814-375-5605)

BOWLEY WILLIAM G INSURANCE INC
 P O BOX 846
 DU BOIS PA 15801

THIS AMENDED DECLARATION EFFECTIVE 8/09/2011 SUPERSEDES ANY PRIOR DECLARATION.

REASON: CHANGE NAME
 FORM OF BUSINESS: Individual/Sole Proprietor

THE PREMIUM INDICATED IS FOR THIS POLICY. AT EACH RENEWAL, THE PREMIUM WILL BE COMPUTED IN ACCORDANCE WITH OUR RATES FILED WITH THE DEPARTMENT OF INSURANCE.

POLICY NUMBER	COVERAGE PERIOD	BILL PLAN	AMENDMENT DATE
96554401	6/14/2011 AT 1:51 PM UNTIL 6/14/2012 12:01 AM	12 MO 16% 50% DP 9 IN	8/09/2011

**ITEM TWO
 SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a CHARGE is shown in the premium column below. Each of these coverages will apply only to those autos shown as covered autos. Autos are shown as covered autos for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

THIS POLICY DOES NOT PROVIDE COVERAGE FOR COLLISION DAMAGE TO RENTAL VEHICLES.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$1,000,000 CSL EA AC	\$2,806.00
MEDICAL EXPENSE BENEFITS	7	\$5,000 EA PERSON W/O WRKCMP	\$37.00
INCOME LOSS BENEFIT			\$.00
FUNERAL EXPENSE BENEFIT			\$.00
ACCIDENTAL DEATH BENEFIT			\$.00
COMBINATION BENEFITS			\$.00
EXTRAORDINARY MEDICAL EXPENSE			\$.00
UNINSURED MOTORIST BODILY INJURY (NONSTACKED)	7	\$35,000 SL EA AC	\$28.00
UNDERINSURED MOTORIST BODILY INJURY (NONSTACKED)	7	\$35,000 SL EA AC	\$48.00
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7	See Schedule of Covered Autos for Vehicle Limits.	\$292.00
PHYSICAL DAMAGE FIRE & THEFT -w- CAC		See Schedule of Covered Autos for Stated Amount and Deductible.	\$.00
PHYSICAL DAMAGE COLLISION COVERAGE	7	See Schedule of Covered Autos for Stated Amount and Deductible.	\$2,082.00
ON HOOK COVERAGE		See Schedule of Covered Autos for Limit and Deductible.	\$.00
TOWING		See Schedule of Covered Autos for Limit.	\$.00
LOSS OF USE		See Schedule of Covered Autos for Limit.	\$.00
WAIVERS & ADDITIONAL INSURED			\$.00
FEES			\$21.00
TOTAL TERM PREMIUM & FEES			\$5,314.00
CHANGE THIS TRANSACTION			\$.00

Your Premium has been discounted by the following:

[Empty box for discount information]

Countersigned by

8/10/2011

AMENDED BUSINESS AUTO COVERAGE FORM DECLARATIONS

(814-375-5605)

J. OLIVERI TRUCKING, LLC.
62 WINTER STREET
PITTSTON TOWNSHIP PA 18640

BOWLEY WILLIAM G INSURANCE INC
P O BOX 846
DU BOIS PA 15801

ITEM THREE

DRIVER SCHEDULE

DVR #	DRIVER NAME	LICENSE	DOB	MAR STAT	PENALTY POINTS	DVR FAC	SR22
1	OLLIVERI, JAMES L	15688748	07/27/52	M		1.0000	N
2	OLLIVERI, JUSTIN	25121002	02/05/80	M		1.2000	N

**Consumer Information Notice
(Commercial Auto)**

(814-375-5605)

J. OLIVERI TRUCKING, LLC.
62 WINTER STREET
PITTSBURGH TOWNSHIP PA 15106

BOWLEY WILLIAM G INSURANCE INC
P O BOX 846
DU BOIS PA 15801

Please be informed that personal information was obtained from sources other than you to verify the rate provided for coverage. Any adverse action taken may have been based in whole or in part on information obtained from a consumer report.

If you have questions about the consumer report that was used to make this decision, please contact the consumer reporting agency. You have the right to obtain a free copy of the consumer report from the consumer reporting agency by request within 60 days of the receipt of this notice. You may contact the consumer reporting agency if you dispute the accuracy or completeness of any information contained in the report.

The consumer reporting agency does not make the decision to take adverse action on your policy and is unable to provide you the specific reasons for any rating decision. If you have any questions and/or would like additional information concerning any policy action, please contact your agent or our underwriting department at 1-800-888-8424.

Any information in our file about you will be treated confidentially and you may ask to see it. If you would like to correct, amend, or delete any information about you in our files, you can give us a concise written statement of what you believe is the correct information and we will put your statement in our file.

Consumer Reporting Agency:

**Motor Vehicle Report (MVR) or Claims (CLUE) Information
CREDIT REPORT INFORMATION FOR NEW MEXICO, CONNECTICUT AND WASHINGTON**

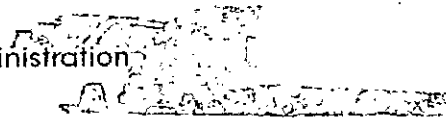
LexisNexis Risk Assets Inc.
Consumer Disclosure Services
P.O. Box 105108
Atlanta, GA 30348-5108
1-800-456-6004
www.consumerdisclosure.com

Motor Vehicle Report (MVR) Information

LexisNexis Risk Assets Inc.
Consumer Disclosure Services
P.O. Box 105108
Atlanta, GA 30348-5108
1-800-456-6004
www.consumerdisclosure.com

Credit Report Information

TransUnion Corp.
Consumer Disclosure Center
2 Baldwin Place
P.O. Box 1000
Chester, PA 19022
1-800-888-4213 or
1-800-645-1938



Registration Confirmation

The USDOT number assigned is: 2179975

USDOT Personal Identifier (PIN) is: 9O71YH3U

This application seeking federal registration to operate in interstate commerce or as an intrastate operation has been approved.

A follow-up letter will be mailed to all interstate commerce operations within a few days, explaining FMCSA Regulatory Registration requirements.

Generate MCS-150 

[FMCSA marking rule](#)

[FMCSA Biennial update requirements](#)

[FMCSA marking rule for Intrastate Hazardous Materials motor carriers and Intrastate Non Hazardous Materials Carriers](#)

Modify MCS-150 Data

To print a fascimile in PDF format of your registration entry, click the appropriate GO Button:

In order to view PDF files, you will need the Adobe® Acrobat® Reader™, a plug-in available from Adobe Systems, Inc.
You may obtain this free plug-in at: <http://www.adobe.com/products/acrobat/readstep2.html>

In order to view MS Word files, you may need to MS Word Viewer plug-in available from Microsoft.
You may obtain this free plug-in at: <http://www.microsoft.com/downloads/details.aspx?FamilyID=9bb59e60-e4f3-436d-a5a7-da0e5431e5c1&DisplayLang=en>

August 05, 2011



[Registration Home](#) | [FMCSA Home](#) | [Feedback](#) | [Privacy Policy](#) | [USA.gov](#) | [Freedom of Information Act \(FOIA\)](#) | [Accessibility](#) | [OIG Hotline](#) | [Web Policies and Important Links](#) | [Plug-ins](#) | [Safety](#)

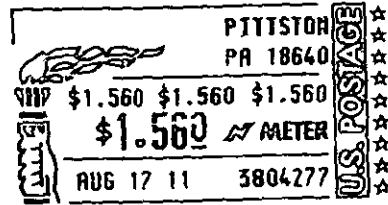
Federal Motor Carrier Safety Administration

1200 New Jersey Avenue SE, Washington, DC 20590 - 1-800-832-5660 - TTY: 1-800-877-8339 - [Field Office Contacts](#)

J. OLIVERI TRUCKING, LLC.

DOMESTIC LIMITED LIABILITY COMPANY MEMBER'S LIST

	<u>NAME</u>	<u>TITLE</u>
1.	JAMES W. OLIVERI	MANAGING MEMBER
2.	JUSTIN J. OLIVERI	MANAGING MEMBER



SAPORITO, SAPORITO & FALCONE
ATTORNEYS AT LAW
SUITE 202
FOUR HUNDRED NINETY NORTH MAIN STREET
PITTSTON, PENNSYLVANIA 18640

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