

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

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY

2011 AUG -2 PH 1:48

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)

EDGER CIVIL & UTILITY LLC, DBA RL CALLAHAN

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

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

330 EAST 14TH STREET

Street Address

ELMIRA HEIGHTS, NY 14903

City, State and Zip Code

607-733-9664

Telephone Number

CHEMUNG

County

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

Street Address

City, State and Zip Code

SECRETARY'S BUREAU
PA P.U.C.

2011 AUG -3 AM 11:35

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5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

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?

DRILL CUTTINGS AND GRAVEL IN DUMPTRUCKS

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.

JODI J. EDGER

(Print Name)

(Signature)

7/29/11

(Date)

Date of this notice: 06-30-2011

Employer Identification Number:
45-2658694

Form: SS-4

Number of this notice: CP 575 B

EDGER CIVIL & UTILITY LLC
JODI EDGER MBR
330 E 14TH ST
ELMIRA HTS, NY 14903

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-2658694. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2012

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.



INSURANCE BINDER

DATE (MM/DD/YYYY)

8/1/2011

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

| | | | |
|--|--|--|---|
| AGENCY Murray & Gannon Insurance Agency 221 West Church St. Suite 2 Elmira NY 14901 | | COMPANY Selective Way Insurance Co. | BINDER # B118112302 |
| PHONE (A/C, No, Ext): (607) 732-3720 | FAX (A/C, No): (570) 265-3476 | DATE EFFECTIVE TIME 7/25/2011 12:01 | EXPIRATION DATE TIME 7/25/2012 X 12:01 AM |
| CODE: | SUB CODE: | THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: S 1998500 | |
| AGENCY CUSTOMER ID: 00089127 | DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) 2007 Mack/CV700 1M2AG11C87M044485 | | |
| INSURED Edger Civil & Utility, LLC 1150 County Road 19 Beaver Dams NY 14812 | | | |

| COVERAGES | | LIMITS | | |
|---|--|------------------------------|---------|------------------|
| TYPE OF INSURANCE | COVERAGE/FORMS | DEDUCTIBLE | COINS % | AMOUNT |
| PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC | | | | |
| GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR | RETRO DATE FOR CLAIMS MADE: | EACH OCCURRENCE | \$ | |
| | | DAMAGE TO RENTED PREMISES | \$ | |
| | | MED EXP (Any one person) | \$ | |
| | | PERSONAL & ADV INJURY | \$ | |
| | | GENERAL AGGREGATE | \$ | |
| | | PRODUCTS - COMP/OP AGG | \$ | |
| VEHICLE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | Combined single limit Medical payments PIP-Basic Uninsured motorist combined single limit 2007 Mack/CV700 1M2AG11C87M044485 | COMBINED SINGLE LIMIT | \$ | 1,000,000 |
| | | BODILY INJURY (Per person) | \$ | |
| | | BODILY INJURY (Per accident) | \$ | |
| | | PROPERTY DAMAGE | \$ | |
| | | MEDICAL PAYMENTS | \$ | 10,000 |
| | | PERSONAL INJURY PROT | \$ | 5,000 |
| | | UNINSURED MOTORIST | \$ | 1,000,000 |
| | | Underinsured | \$ | 1,000,000 |
| VEHICLE PHYSICAL DAMAGE DED <input checked="" type="checkbox"/> COLLISION: 1,000 <input checked="" type="checkbox"/> OTHER THAN COL: 1,000 | <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES | ACTUAL CASH VALUE | | |
| | | STATED AMOUNT | \$ | |
| GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | AUTO ONLY - EA ACCIDENT | \$ | |
| | | OTHER THAN AUTO ONLY: | | |
| | | EACH ACCIDENT | \$ | |
| | | AGGREGATE | \$ | |
| EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | RETRO DATE FOR CLAIMS MADE: | EACH OCCURRENCE | \$ | |
| | | AGGREGATE | \$ | |
| | | SELF-INSURED RETENTION | \$ | |
| WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY | | WC STATUTORY LIMITS | | |
| | | E.L. EACH ACCIDENT | \$ | |
| | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | | E.L. DISEASE - POLICY LIMIT | \$ | |
| SPECIAL CONDITIONS / OTHER COVERAGES | | FEES | \$ | |
| | | TAXES | \$ | |
| | | ESTIMATED TOTAL PREMIUM | \$ | |

NAME & ADDRESS

Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265

MORTGAGEE
LOSS PAYEE

ADDITIONAL INSURED

LOAN #

AUTHORIZED REPRESENTATIVE

K Fetterman, CIC, CISR

Kathleen Fetterman

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, homo owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.

EXTREMELY URGENT Please Rush To Addressee



1007

U.S. POSTAGE
PAID
ELMIRA HEIGHTS, NY
14903
AUG 01, 11
AMOUNT

\$13.25
00053812-12

FOR PICKUP OR TRACKING CALL 1-800-222-1811

8/2/2011 10:11:19 AM

TO: PUC (PUC)
Agency: PUC
Floor:
External Carrier: EXPRESS



EH017190207US



EH017190207US

EH017190207US



UNITED STATES POSTAL SERVICE®

Addressee Copy
Label 11-B, March 2004

Post Office To Addressee

| ORIGIN (POSTAL SERVICE USE ONLY) | | | |
|--|---|----------------------------------|--------------------------------|
| PO ZIP Code 14902 | Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | Postage \$ 13.25 | |
| Date Accepted 01/11 | Scheduled Date of Delivery Month 01 Day 11 | Return Receipt Fee \$ | |
| Mo. Day Year | Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM | COD Fee \$ | Insurance Fee \$ |
| Time Accepted 11:16 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Military | Total Postage & Fees \$ 13.25 | |
| Flat Rate <input type="checkbox"/> or Weight lbs. 2.7 ozs. | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | INT'l Alpha Country Code | Acceptance Emp. Initials IV |

FROM: (PLEASE PRINT) PHONE ()

330 ...
8 ...

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811

DELIVERY (POSTAL USE ONLY)

| | | | |
|------------------|------|---|--------------------|
| Delivery Attempt | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | | |
| Delivery Attempt | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | | |
| Delivery Date | Time | <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | | |

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY
 Weekend Holiday Mailer Signature

TO: (PLEASE PRINT) PHONE ()

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

1 7 4 2 5 + 2 5