

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.

SECRETARY'S BUREAU  
PUC

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

Joseph J Eutsey

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

Joseph Eutsey Trucking

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

5316 West Penn St.  
Street Address

Lemont Furnace PA 15456  
City, State and Zip Code

724-434-1691  
Telephone Number

Fayette  
County

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

Same  
Street Address

City, State and Zip Code

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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)

If yes, enter current docket number A-00 \_\_\_\_\_

7. **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, LLC or LLP**  
Attach a copy of the Certificate of Incorporation or Certificate of Authority or the foreign corporation registration. Include a list of all officers and titles.

8. **Attachment Checklist**

**For Corporations, LLPs and LLCs Only:**

- Date-stamped copy of Certificate of Incorporation, or Certificate of Authority, or registration as a foreign entity.
- List of corporate officers/titles and distribution of shares.

**For Partnerships Only:**

- Copy of Partnership Agreement, list all partners or members.

**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.

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9. **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.

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**You must sign the following application.**

**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. Section 4904 Relating to Unsworn Falsification to Authorities.

Joseph J Eutsey  
(Print Name)

  
(Signature)

9-13-11  
(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).

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# INSURANCE BINDER

DATE (MM/DD/YYYY)  
09/16/2011

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

<b>AGENCY</b> W.N. Tuscano Agency Inc. PO Box 1027, 950 Highland Ave. GREENSBURG PA 15601  PHONE (A/C, No, Ext): (724) 836-1510      FAX (A/C, No): (724) 838-1433 CODE:      SUB CODE: <b>AGENCY CUSTOMER ID:</b> INSURED JOSEPH EUTSEY 536 WEST PENN STREET LEMONT FURNACE PA 15456	<b>COMPANY</b> Eastern Atlantic Ins. Company <b>BINDER #</b> TEA372639 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">DATE EFFECTIVE</td> <td style="width:33%;">TIME</td> <td style="width:33%;">DATE EXPIRATION</td> <td style="width:33%;">TIME</td> </tr> <tr> <td>09/16/2011</td> <td>12:01 A.M.</td> <td>10/16/2011</td> <td>12:01 AM NOON</td> </tr> </table> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:  <b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b> 1996 KENWORTH TRACTOR VIN# 1XKWDB9X0TJ695741 2001 RAM DUMP TRLR VIN# 1R91A35361H336319	DATE EFFECTIVE	TIME	DATE EXPIRATION	TIME	09/16/2011	12:01 A.M.	10/16/2011	12:01 AM NOON
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COVERAGES	BUSINESS DESCRIPTION: TRUCKER	LIMITS																																		
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<b>NAME &amp; ADDRESS</b>		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
		<input type="checkbox"/> LOSS PAYEE	
		LOAN #	
		AUTHORIZED REPRESENTATIVE	<i>Robert Tuscano</i>



# Senate of Pennsylvania

32ND DISTRICT

**RICHARD A. KASUNIC**  
THE STATE CAPITOL  
SENATE BOX 203032  
HARRISBURG, PA 17120-3032

Office of Legislative Affairs  
Public Utility Commission  
N-302 Commonwealth Keystone Bldg  
Harrisburg, PA 17105

**MESSENGER**