

**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)

DAVID A Kitchen JR.

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

Daves Transport Service

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

132 Donald. st.
Street Address

Summerhill, PA 15958.
City, State and Zip Code

814-525-8167 Telephone Number
Cambria. County

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

Street Address

City, State and Zip Code

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. What type of commodity do you intend to transport? General
Commodities.

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.

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.

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.

X David A Kitchen JR
(Print Name)
X [Signature] 11-7-11
(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).

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From: (405) 283-0095
BETH
COAST TO COAST SERVICES, LLC
2410 W MEMORIAL RD
SUITE C #533
OKLAHOMA CITY, OK 73134

Origin ID: TIKA



J11201108050225

Ship Date: 17OCT11
ActWgt: 1.0 LB
CAD: 4279384/INET3210

Delivery Address Bar Code



SHIP TO: (717) 787-3834
BILL SENDER
PA PUC
COMMONWEALTH KEYSTONE BLDG
400 NORTH ST

HARRISBURG, PA 17120

Ref #
Invoice #
PO #
Dept #

THU - 20 OCT A1
EXPRESS SAVER

TRK# 7976 3146 0380

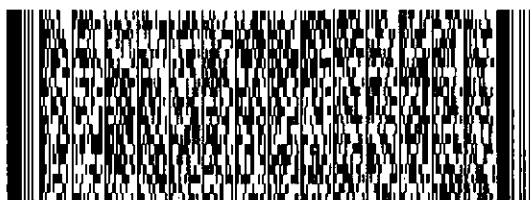
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1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.