

Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-1227

Application for Motor Common Carrier of Property

Please complete all parts of the following application. For questions, please call the Commission at (717) 787-3834.

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

PEPPER & SONNY ENTERPRISES, INC.

2. **Trade Name** (if using a fictitious trade name, it must be registered with the Dept. of State)

Fictitious name and Registration number (if applicable)

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

2907 LONG POND ROAD
Street Address

POCONO SUMMIT, PA 18346
City, State and Zip Code

570 839-8665
Telephone Number

MONROE
County

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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

P.O. BOX 517
Street Address

POCONO SUMMIT, PA 18346
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 or has ever held PA PUC authority?**

Yes No (circle one)

If yes, PUC NO. A- 00115174

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

Gravel, sand, stone + equipment

8. **Are you one of the following? If yes, check below.**

Individual

Partnership

9. **Are you a business entity registered with the PA Department of State?**

If YES, please check below the type of business that applies to this Application and provide the Entity ID Number given to you by the PA Department of State:

Limited Partnership

Corporation Bureau Entity ID Number

Limited Liability Partnership

Corporation Bureau Entity ID Number

Limited Liability Company

Corporation Bureau Entity ID Number

Corporation – For Profit

23-296529
Corporation Bureau Entity ID Number

Corporation – Nonprofit

Corporation Bureau Entity ID Number

Fictitious Name (if applicable)

If NO, contact the PA Department of State and apply according to how you will do business in PA:

PA Corporations (Profit or Non-Profit) - File for Articles of Incorporation

Foreign Corporations - File for a Certificate of Authority

- PA Limited Partnerships,
Limited Liability Partnerships,
Limited Liability Companies - File for an Application of Registration
- Fictitious Name Registration - File **only** if Trade Name will be different
than the business name you register with
the Department of State

10. Attachment Checklist

- Individual: Certified Check, money order, or check from attorney
 Copy of Current Safety Rating (if available)
- Partnership: Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited
Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability
Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability
Company: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Members and Title of each
 Member (even if only one member)
 Copy of Current Safety Rating (if available)
- Corporation –
For Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles, name of each
 Shareholder and distribution of shares
 Copy of Current Safety Rating (if available)
- Corporation –
Non-Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles and those serving on
 Board of Directors
 Copy of Current Safety Rating (if available)

11. Certification

Applicant certifies that it is not now engaged in intrastate transportation of property for compensation between points in Pennsylvania without Pennsylvania Public Utility Commission authorization and will not engage in any transportation not previously authorized by the Pennsylvania Public Utility Commission unless and until such authorization is obtained.

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

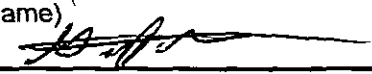
The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners (if a partnership, LP, or LLP), a member (if LLC), or by any officer (if a corporation).

I/we hereby state that the statements made in this application 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.

GARY J. GALLETTE, JR

 (Print Name)



 (Signature)

10-31-11

 (Date)

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

PEPPER & SONNY ENTERPRISES, INC.

P.O. BOX 517

POCONO SUMMIT, PENNA.. 18346

570-839-8665

Corporate Officer

Gary J. Gallerie, Jr.

President 95%

Gary J. Gallerie

Shareholder 5%

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

SAFETY FITNESS REVIEW
PUC - MOTOR CARRIER SERVICES AND ENFORCEMENT DIVISION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

DATE 12/25/98	DISTRICT OFFICE SCRANTON	OFFICER ASSIGNED KAWSKI	SFR NO. 538-01
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NAME OF CARRIER
PEPPER + SOMMY ENTERPRISES

PHYSICAL ADDRESS	STREET/PO BOX/ROUTE NUMBER P.O. BOX LONG POND RD
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CITY POCONO SUMMIT	COUNTY MONROE	STATE & ZIP PA 18346
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MAILING ADDRESS	STREET/PO BOX/ROUTE NUMBER PO BOX 909
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CITY POCONO SUMMIT	COUNTY MONROE	STATE & ZIP PA 18346
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PUC NUMBER 115174	US DOT NUMBER	ICC NUMBER
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PHONE NUMBER 570 839 2953	BUSINESS ORGANIZATION <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation State: PA Year: 98
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PRINCIPAL CARGOS:

- GRAVEL
- SAND
- STONE

HAZARDOUS MATERIALS CARRIED:

- /
- /
- /

INSURANCE

COPY OF DOT FORM ATTACHED:

MCS-90B MCS-82B

N/A (Explain)
TRUCKING

OCT 30 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY OF TRANSPORTATION

DRIVERS

100 MILE RADIUS 1

BEYOND 100 MILE RADIUS 0

1

1

EQUIPMENT:	TRUCKS	TRUCK TRACTORS	TRAILERS	BUSES	LT. WEIGHT VEHICLES (<10,000 lbs.)	AVG. NUMBER OF TRIP LEASED DRIVERS PER MONTH <u>0</u>
OWNED	<u>1</u>	/	/	/	/	
LEASED	/	/	/	/	/	

PERSONS INTERVIEWED

NAME GARY GALLERIE SR	NAME GLORIA GALLERIE	NAME /
TITLE OWNER	TITLE SCT.	TITLE /

RECEIVED BY <i>[Signature]</i> GARY GALLERIE	TITLE OWNER
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OFFICER SIGNATURE & BADGE NO. <i>[Signature]</i>	DATE 12/25/98
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SAFETY FITNESS REVIEW REPORT

PUC - MOTOR CARRIER SERVICES AND ENFORCEMENT DIVISION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

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NAME OF MOTOR CARRIER <i>PEPPER + SOMMY ENTERPRISES.</i>		SFR NO. <i>538-01</i>		
DATE <i>12/28/98</i>	PUC NO. <i>115174</i>	OFFICER & BADGE NO. <i>KAWSKI #38</i>		
GENERAL - PART 382 & 390				Yes No N/A
1. Can the carrier produce a copy of the Federal Motor Carrier Safety Regulations (current to within a year), which the PUC has adopted in Chapter 37?				✓
2. Does the carrier have one individual ultimately charged with the responsibility for ensuring overall compliance with the PUC's safety requirements? <i>OWNER IS IN CHARGE</i>				✓
3. Does the carrier have a safety orientation program for new drivers? <i>HAS NO OTHER DRIVERS NO INTENT TO DO SO.</i>				✓
4. Does the carrier have an ongoing safety training program for current drivers? <i>HE IS THE ONLY DRIVER + OWNER</i>				✓
5. Can the carrier define an "accident"? (per Part 390.5)				✓
6. Is the carrier properly maintaining an accident register with the required information?				✓
7. Does the carrier have policies and/or procedures established for drivers involved in preventable accidents? <i>NO ACCIDENTS IN LAST 365 DAYS</i>				✓
8. Has the carrier provided educational materials that explain the requirements of Part 382 and the carrier's drug and alcohol testing policies and procedures? <i>HAS STA LIMITED BOOK</i>				✓
9. Has the carrier complied with the six types of testing required, if required, by Part 382?				✓
10. Can the carrier produce the required records documenting its drug and alcohol testing program as per Part 382?				✓
Received by: <i>[Signature]</i> <i>GARY COLLIERIE</i>		Title: <i>OWNER.</i>		Total Pages: <i>2-5</i>

SAFETY FITNESS REVIEW REPORT
PUC - MOTOR CARRIER SERVICES AND ENFORCEMENT DIVISION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

PAGE 3

NAME OF MOTOR CARRIER PEPPER + SONY ENTERPRISES INC.		SFR NO. 538-01
DATE 12/25/98	PUC NO. 115174	OFFICER & BADGE NO. KAWSK, # 38

QUALIFICATIONS OF DRIVERS - PART 391

	YES	NO	N/A
1. Does the carrier have a procedure to ensure that drivers' medical certificates remain current? (ex., tickler file, computer program, etc.) Please describe. HAS A COMPUTER PROGRAM	<input checked="" type="checkbox"/>		
2. Are all medical certificates current in DQ files reviewed?	<input checked="" type="checkbox"/>		
3. Does the carrier verify that physicians completing medical certifications are knowledgeable of the instructions for performing and recording physical examinations? FILED OUT CORRECTLY	<input checked="" type="checkbox"/>		
4. Does the carrier have an annual procedure to ensure drivers' licenses remain current, including proper class and endorsements? COMPUTER PROGRAM	<input checked="" type="checkbox"/>		
5. Are the sampled drivers' licenses current, including class and endorsements? GARY GALLERIE BY 786 505	<input checked="" type="checkbox"/>		
6. Can the carrier produce completed driver qualification files on a driver(s) selected at random (excluding medical certification violations noted above)?	<input checked="" type="checkbox"/>		

VEHICLE MAINTENANCE SECTION - PART 396

	YES	NO	N/A
1. Has the carrier established a systematic, periodic maintenance program, as required by 396.3? USES MFG. GUIDE LINES	<input checked="" type="checkbox"/>		
2. Does the carrier periodically review maintenance records for leased equipment? NO LEASED EQUIP			<input checked="" type="checkbox"/>
3. Does the carrier ensure pretrip inspections are performed? (Describe how carrier ensures this is accomplished.) DRIVER STATES HE DOES A DAILY PRE TRIP	<input checked="" type="checkbox"/>		
4. Can the carrier produce the prior three months vehicle inspection reports on a selected vehicle(s)? DAILY MAINT. 1 TRUCK.			<input checked="" type="checkbox"/>
5. Can the carrier produce a complete maintenance file on a selected vehicle(s)? 98 PET. ADO6725	<input checked="" type="checkbox"/>		

Received by: GARY GALLERIE	Title: DRIVER	Total Pages: 3-5
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SAFETY FITNESS REVIEW REPORT

PUC - MOTOR CARRIER SERVICES AND ENFORCEMENT DIVISION
P.O. BOX 3265, HARRISBURG, PA 17105-3265


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NAME OF MOTOR CARRIER PEPPER + SOMMY ENTERPRISES INC.	SFR NO. 537-01
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DATE 12/28/98	PUC NO. 115 174	OFFICER & BADGE NO. KAWSKI #38
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OPERATIONAL - PART 392 & 395

OPERATIONAL - PART 392 & 395	Yes	No	N/A
1. Does the carrier have written policies established concerning prohibited use of alcohol and drugs?	<input checked="" type="checkbox"/>		
2. Does the carrier have a written policy concerning the transportation of passengers?	<input checked="" type="checkbox"/>		
3. Can the carrier explain how the drivers are instructed on load securement procedures? HAS A TARP WITH STRAPS	<input checked="" type="checkbox"/>		
4. Does the carrier have a written policy and/or procedures for controlling speed? (Explain procedures, if applicable.) CAN RESULT IN TERMINATION	<input checked="" type="checkbox"/>		
5. Can the carrier explain the hours of service limitations? (i.e. 10, 15, 60 in 7, 70 in 8)?	<input checked="" type="checkbox"/>		
6. Does the carrier maintain time records and/or records of duty status for the prior 6 months which contain the required information? KEEPS TIME RECORDS	<input checked="" type="checkbox"/>		
7. Are other independent records being compared to drivers' records of duty status for accuracy? (List records) KEEPS FUEL RECEIPTS.	<input checked="" type="checkbox"/>		
8. Does the carrier maintain a record of hours for those drivers who operate within a 100 mile radius of the work reporting location which meets all the requirements of 395.1(e)? KEEPS TIME RECORDS	<input checked="" type="checkbox"/>		
9. Does the carrier track drivers' total hours of service to avoid violation of 395.3? (Explain procedures.) KEEPS TIME RECORDS	<input checked="" type="checkbox"/>		

Received by:  GARY GALLERIE	Title: OWNER	Total Pages: 4-5
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SAFETY FITNESS REVIEW REPORT
PUC - MOTOR CARRIER SERVICES AND ENFORCEMENT DIVISION
 P.O. BOX 3265, HARRISBURG, PA 17105-3265

NAME OF MOTOR CARRIER <i>PEPPER + SGM-Y ENTERPRISES INC</i>		SFR NO. <i>538-01</i>
DATE <i>12/28/95</i>	PUC NO. <i>115</i>	OFFICER & BADGE NO. <i>KINWSKI #38</i>

SAFETY FITNESS REVIEW RECOMMENDATIONS

CIRCLED ITEMS REQUIRE CORRECTION AND MUST BE ADDRESSED TO IMPROVE COMPLIANCE:

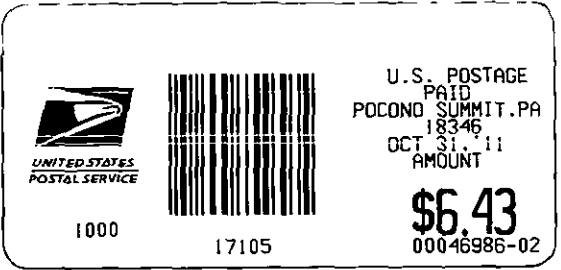
1. Obtain a copy of the current Federal Motor Carrier Safety Regulations, which the PUC has adopted, and become familiar with Parts 382, and Parts 390-396, as they apply to your operation.
2. Conduct periodic internal reviews of your driver qualification, hours of service control, maintenance, accident records, drug and alcohol testing, and other safety systems to ensure continued compliance with the FMCSR.
3. Maintain an accident register for one year after an accident occurs, containing the information required by 49 CFR 390.15(b).
4. Ensure that each driver has received educational materials that explain the requirements of Part 382, as well as the carrier's policies to meet the requirements of Part 382.
5. Establish an alcohol and controlled substance testing program which meets the requirements of Part 382.
6. Maintain all alcohol and controlled substance testing records required by 49 CFR 382.401 and 382.403.
7. Establish a system to ensure driver's operators licenses remain current.
8. Establish a system to ensure medical certificates remain current.
9. Establish complete driver qualification files to include:
 - a. proper employment application (391.21).
 - b. inquiry to past employers (391.23); inquiry to state licensing agencies (391.23).
 - d. road test (391.31); road test certificate (391.31); or equivalent (391.33).
 - e. annual violation list (391.27); annual review (391.25); note of annual review (391.25).
 - f. medical certificate (391.45).
 - g. documents required for casual drivers (391.63); document required for trip leased driver (391.65).
10. Ensure all vehicles are systematically inspected, maintained and repaired.
11. Establish a complete file for each vehicle, recording all inspection, maintenance and repair operations performed (396.3).
12. Keep all driver vehicle inspection reports, signed, certified and reviewed as required, on file for at least 90 days (396.11).
13. Require all drivers to prepare accurate records of duty status or time records for each day (395.8a).
14. Maintain all duty status records on file, with all supporting documents, for at least 6 months (395.8k).
15. Establish a system to control drivers' hours of service. Do not allow drivers to exceed the 10, 15, and 60/70 hour limits (395.3).
16. Develop written policies concerning: prohibited use of alcohol and drugs; the transportation of passengers; controlling speed of vehicle.

WITHIN 15 DAYS, SEND LETTER OUTLINING MEASURES TAKEN TO COMPLY WITH ABOVE RECOMMENDATIONS TO ADDRESS BELOW:

NO LETTER REQUIRED

Received by: <i>[Signature]</i> <i>CAROL GAUERIE</i>	Title: <i>OWNER</i>
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Sonny Enterprises
P.O. Box 517
Summit, Penna. 18346



PENNSYLVANIA PUBLIC UTILITY COMM.
P.O. Box 3265
HARRISBURG, PENNA. 17105-3265

Att: Secretary