

**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)

**ALAN L. SUMMERHILL**

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

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

**1376 OAK ROAD**

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Street Address

**LEECHBURG PA 15656**

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City, State and Zip Code

**724-859-7119**

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Telephone Number

**ARMSTRONG**

---

County

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

Street Address

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City, State and Zip Code

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5. **Attorney** (if applicable)
- 

Attorney's Name & Telephone Number for this Filing

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Attorney's Address

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6. Does applicant currently hold or has ever held PA PUC authority?

No (circle one)

If yes, PUC NO. A- \_\_\_\_\_

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

AG / INDUSTRIAL / MINERAL

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

\_\_\_\_\_  
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.

ALAN L. SUMMERHILL

(Print Name)

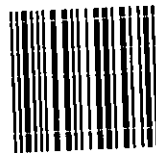
(Signature)



1/19/12

(Date)

Alan L. Summerhill  
1376 Oak Road  
Leechburg PA 15656



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

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