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HENRY M. WICK, JR.
(1921 - 2007)
CARL F. MEYER
(1929 - 2009)

June 20, 2012

Re: Robert Rush d/b/a Rush Trucking -
PUC Application
Our File 6869.001

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

Dear Ms. Chiavetta:

Enclosed for filing with the Commission is the signed original of Application for Motor Common Carrier of Property on behalf of our client, Robert Rush, d/b/a Rush Trucking. We are also enclosing a check in the amount of \$100.00 payable to the Commonwealth of Pennsylvania for the application filing fee. If any additional information is needed to process this Application, please contact me.

Please acknowledge receipt and filing by date-stamping the enclosed duplicate copy of this transmittal letter and return it to the undersigned in the self-addressed, stamped envelope, which is provided. Thank you for your cooperation and assistance in this matter.

Very truly yours,

WICK, STREIFF, MEYER,
O'BOYLE & SZELIGO, P.C.

David M. O'Boyle
David M. O'Boyle

DOB/rms
Enclosures

cc: Mr. Robert Rush (w/encls.)

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2012 JUN 22 AM 9:33
PA P.U.C.
SECRETARY'S BUREAU

**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)

Robert Rush

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

Rush Trucking

Fictitious name and Registration number (if applicable)

Rush Trucking - Entity No. 4114410

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

431 Brashears Run Rd.

Street Address

Avella, PA 15312

City, State and Zip Code

(724) 587-0218

Telephone Number

Washington

County

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

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

David M. O'Boyle (412) 765-1600

Attorney's Name & Telephone Number for this Filing

1450 Two Chatham Center, 112 Washington, Place, Pittsburgh, PA 15219

Attorney's Address

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

Yes **No** (circle one)

If yes, PUC NO. A- _____

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

Property, excluding household goods in use.

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)

Entity No. 4114410

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.

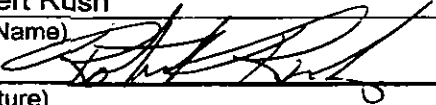
You must sign the following Verification of Application.

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).

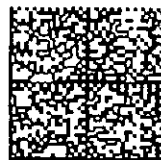
I/we hereby state that the statements made in this application are true and correct to the best of my/our knowledge and belief.

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.

Robert Rush
(Print Name)

(Signature) _____
6-8-12
(Date)

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1450 TWO CHATHAM CENTER
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Pennsylvania Public Utility Commission
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Harrisburg, PA 17105-3265

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