

# Instructions for the Application for Motor Common Carrier of Property

You must be at least 18 years of age to file an application.

## GENERAL INFORMATION

1. This application is required to request a license to operate as a common carrier of property for compensation between points in Pennsylvania.
2. The application consists of: General Information on pages 1 – 3; Detailed Instructions on pages 3 – 5; Application on pages 6 – 9.
3. The signed original of the application must be filed with the Secretary, Pennsylvania Public Utility Commission, P.O. Box 3265, Harrisburg, PA 17105-3265.
4. A non-refundable filing fee of **\$100.00** is required at the time of filing. The filing fee must be paid **by certified check, money order made payable to the Commonwealth of Pennsylvania or a check drawn from your attorney's account**. Please attach the filing fee to the application.
5. It is not required that an applicant be represented by an attorney to file an application. However, an attorney must represent corporate entities at hearings.
6. Corporate entities (i.e., Corporations, LLCs, LPs and LLPs) and fictitious trade names must be registered with the Pennsylvania Department of State. Companies incorporated in other states must register with Pennsylvania as a foreign business corporation. Call the Pennsylvania Department of State at 717-787-1057 for the necessary forms and additional information or go to the website at [www.dos.state.pa.us/corps](http://www.dos.state.pa.us/corps)
7. Before you start providing service in Pennsylvania, you must submit evidence of insurance to the Public Utility Commission, **but it is not required at the time of application. Prior to receiving your Certificate of Public Convenience, the permanent evidence of insurance will be a Form E for bodily injury and property damage insurance and a Form H or Cargo Waiver for cargo insurance.** (See page 3 of the instructions for insurance limits). Forms E and H are mailed to the Commission directly from the home office of your insurance carrier and must have the exact name and address that you have provided at lines 1, 2, 3 or 4 of the application.

If your insurance company subscribes to NOR (National Online Registries, Inc. at [www.mcinfo.org](http://www.mcinfo.org)), you can request the insurance company to file the required insurance forms electronically through NOR. The electronically filed insurance forms will reach the Commission more quickly than mailed forms.

8. Recognizing that there may be a delay in the filing of your permanent proof of insurance, you may file temporary proof of insurance with your application. Temporary proof of insurance is only good for 60 days. Acceptable temporary proofs of insurance are:
  - A copy of the declaration page of a current insurance policy (BIPD and/or Cargo) which shows effective dates, limits and is signed by an authorized insurance company representative.

- A copy of a valid binder of insurance.
- A copy of a valid application for insurance to the Pennsylvania Automobile Insurance Plan.

***Do not send a Certificate of Insurance.*** The Commission ***does not*** recognize a certificate of insurance as a valid temporary proof of insurance.

9. Enclose with your application a copy of a current safety rating issued by a state or federal agency. The rating must be no more than two years old. If you cannot provide the PA PUC with proof of a current safety rating, you must undergo a safety fitness review conducted by a Commission Enforcement Officer.

Within 180 days of our issuance of a Certificate of Public Convenience, an Enforcement Officer will contact you to schedule this review. If it is determined that your safety rating is unsatisfactory, all deficiencies must be corrected immediately. A second safety fitness review will be conducted within 60 days of the date of the initial unsatisfactory rating notification.

**Failure to achieve a satisfactory rating at the second review will result in immediate suspension of your certificate.** Continued non-compliance will result in termination of your operating authority.

10. It is the responsibility of the applicant or certificate holder to keep the Commission notified of changes to current address. Change of address forms can be obtained from the Commission website, [www.puc.state.pa.us](http://www.puc.state.pa.us), under online forms.
11. **NOTE: If you are operating a vehicle in excess of 10,000 POUNDS, you MUST Register with the U.S. Department of Transportation, *EVEN IF YOU ARE ONLY OPERATING AS AN INTRASTATE CARRIER*.**

**IMPORTANT: Incomplete applications will be delayed for processing until all required information is sent to the Secretary of the Commission. For questions, please call, 717-772-7777.**

***WARNING – APPLICATIONS ARE PUBLIC RECORDS AND CAN BE ACCESSED ON THE INTERNET. DO NOT PLACE SOCIAL SECURITY NUMBERS, CREDIT CARD NUMBERS, BANK ACCOUNT NUMBERS, OR OTHER CONFIDENTIAL INFORMATION ON THE APPLICATIONS OR VERIFIED STATEMENT FORMS.***

# Minimum Limits of Insurance for Carriers of Property

## General Commodities and/or Household goods in use:

**Bodily Injury** - \$300,000 per accident per vehicle to cover liability for bodily injury, death or property damage incurred.

Insurance coverage of motor carriers of property shall meet the requirements of the Motor Vehicle Financial Responsibility Law.

**Cargo** - \$5,000 for loss or damage to cargo being transported.

Cargo Insurance may be waived if you meet any one of three criteria:

1. All transportation will be provided in dump trucks.
2. All transportation will be limited to farm products, garbage, ashes, rubbish, coal debris, earth, crushed stone, amesite, and similar construction materials.
3. The value of any one load being transported will not be more than \$500 in value.

If applicant meets one of the three criteria listed above, applicant should complete a Cargo Waiver which can be obtained from the Commission's website at [www.puc.state.pa.us](http://www.puc.state.pa.us), under **Online Forms**.

## **DETAILED INSTRUCTIONS FOR THE APPLICATION**

### **1. LEGAL NAME OF APPLICANT –**

- A. If you are an individual who has not formed any type of corporate entity, you should enter your name ***as it will appear on your insurance documents***.
- B. If you are filing for a partnership, but ***not a limited liability partnership***, the names of all partners must be entered on this line. Those names should be entered ***as they will appear on your insurance documents***. This includes husbands and wives filing jointly.
- C. If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), ***even if you are the sole shareholder member***, you must enter the name ***exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State***.

**2. TRADE NAME –** This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered fictitious if the

identity of the applicant cannot be readily determined. **Your insurance filing will have to include your Trade Name.**

*EXAMPLE: John Doe is the applicant and wants to use the name “Johnboy Trucking” as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as “John Doe Trucking” or “J. Doe Trucking” are not considered fictitious and would not have to be registered.*

3. **PHYSICAL ADDRESS** – The address which should be entered here is that of the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. **Post office box numbers cannot be used here.**
4. **MAILING ADDRESS** – This is the address to which the Commission will send all correspondence. If these lines are left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.
5. **ATTORNEY** – Complete only if an attorney is filing on your behalf.
6. **DOES APPLICANT CURRENTLY HOLD OR HAS EVER HELD PUC AUTHORITY?** – If the answer is yes, please enter the PUC A No.
7. **WHAT TYPE OF COMMODITY DO YOU INTEND TO TRANSPORT?**
8. **CHECK ONE THAT APPLIES TO THIS APPLICATION** – It is important to remember the following:
  - A. **INDIVIDUAL** should only be checked if you are filing and **have not** formed a corporate entity.
  - B. If you are an individual who is the sole shareholder of a corporation or the sole member of a limited liability company, you should check the proper box – **do not check INDIVIDUAL.**
  - C. Two or more individuals (i.e. husband and wife) filing jointly should check **PARTNERSHIP.**
9. **IF APPLICANT IS A CORPORATION (PROFIT OR NONPROFIT), LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, OR LIMITED LIABILITY COMPANY THE ENTITY IDENTIFICATION NUMBER ISSUED BY THE CORPORATION BUREAU OF THE PENNSYLVANIA DEPARTMENT OF STATE MUST BE ENTERED ON THE LINE NEXT TO THE ENTITY TYPE.**

**10. ATTACHMENT CHECKLIST – Please review carefully to ensure that all necessary documents are included with the application.**

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

**11. CERTIFICATION AND VERIFICATION – 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, a member (if a limited liability company), or by any officer (if a corporation).**

**Please complete all pertinent parts of the application.  
If you need help, you may call 717-787-1227.**

**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)

**KITTELSTAD AND SONS TRUCKING 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)

---

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

**1932 PINE COURT**

---

Street Address

**HELLERTOWN PA 18055**

---

City, State and Zip Code

**631-767-7452**

---

Telephone Number

**48**

---

County

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

**SAME**

---

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 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?**

FLOWERS AND GENERAL FREIGHT

---

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

**4038418**

\_\_\_\_\_  
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.

CHRISTIAN A KITTELSTAD

(Print Name)

8/7/12

(Signature)

(Date)