

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)

Douglas Scott Hoppy Sr

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

DSH TRANSPORTATION

Fictitious name and Registration number (if applicable)

4139771

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

3 Keystone Road

Street Address

Hanover Township PA 18706

City, State and Zip Code

570-855-8765

Telephone Number

Luzerne

County

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

same

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

n/a

Attorney's Name & Telephone Number for this Filing

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?

dry 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

Corporation Bureau Entity ID Number

Corporation – Nonprofit

Corporation Bureau Entity ID Number

Fictitious Name (if applicable)

4139771

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.

Douglas Hoppy
(Print Name)
Douglas Hoppy
(Signature) 2-01-2013
(Date)

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PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Application for Registration of Fictitious Name
54 Pa.C.S. § 311

Name	JOHN E KULIG & SON INC		
Address	7 E BROAD STREET		
City	State	Zip Code	
W HAZLETON	PA	18202	

Document will be returned to the name and address you enter to the left:
←

Commonwealth of Pennsylvania
FICTITIOUS NAME 2 Page(s)



T1228664126

Fee: \$70

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:	DSH TRANSPORTATION
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2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:	trucking (motor carrier transportation)
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3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):	3 Keystone Road	Hanover Township PA	18706	Luzerne
Number and street	City	State	Zip	County

4. The name and address, including number and street, if any, of each individual interested in the business is:	Name	Number and Street	City	State
	Douglas Hoppy	3 Keystone Rd	Hanover Township	PA 18706

2012 OCT 11 AM 8:03
PA DEPT OF STATE

AUTO-OWNERS (MUTUAL) INS. CO.

AGENCY R L PRICE INSURANCE AGENCY INC
03-0528-00 MKT TERR 061

Company POLICY NUMBER 49-024-160-00
Bill Company Use 05-04-OH-1111

INSURED DOUGLAS SCOTT HOPPY SR

Term 11-17-2012 to 11-17-2013

1. 2006 VOLV 670
VIN: 4V4NC9TG46N400198

033 7CB
Mahoning County, OH

COVERAGES	LIMITS
Combined Liability	\$1Million ea occ
Uninsured Motorist	\$1Million ea pers/\$1Million
Underinsured Mtrst	\$1Million ea pers/\$1Million
Comprehensive	A.C.V. - \$1,000 ded
Collision	A.C.V. - \$1,000 ded
TERRORISM COVERAGE	

Agency Code 03-0528-00

Interested Parties: None

Auto-Owners Insurance Company Lansing, MI
Company Number: 18988

Additional Forms For This Item: 79303 (12-09) 79
79939 (03-05) 79302 (12-09) 89023 (07-06) 89

OHIO AUTOMOBILE
INSURANCE IDENTIFICATION CARD

ITEM DETAILS: Radius of operation - within a 100 mile radius.
USE CLASS (00501): NOC Wholesale Distribution Of Products.
Rate Effective Date 04-23-2012

Named Insured DOUGLAS SCOTT HOPPY SR
DBA DSH TRANSPORTATION

Policy Num. 49-024-160-00

Effective date 11-17-2012 Expiration date 11-17-2013

150 0105024 A 1040

Year/Make 06 VOLV 670

2. 2003 WABASH
VIN: 1JJV532W03L826500

VIN 4V4NC9TG46N400198

Agency R L PRICE INSURANCE AGENCY INC

Phone (440) 327-3221 Agency Code 03-0528-00

COVERAGES	LIMITS
Combined Liability	\$1Million ea occ
Comprehensive	A.C.V. - \$1,000 ded
Collision	A.C.V. - \$1,000 ded
TERRORISM COVERAGE	

1. The policy meets the minimum liability limits as prescribed by Ohio law. The policy also conforms meet the minimum liability limits required by a state or Canadian province in which the vehicle operated.
2. You may be required to provide this card as you proof of insurance if you are driving in another state.
3. This card should be carried in your vehicle at times.

Interested Parties: None

THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY AND MAY NOT BE USED TO MODIFY THE TERMS OR CONDITIONS OF THE POLICY. EXAMINE YOUR POLICY CAREFULLY.

Additional Forms For This Item: 79592 (08-94) 79
89023 (07-06) 89024 (07-06)

ITEM DETAILS: Radius of operation - within a 100 mile radius.
USE CLASS (00501): NOC Wholesale Distribution Of Products.
Rate Effective Date 04-23-2012

78565 (3)

150 0025000 1040

FAX 440-327-3224

Phone 440-327-3221

Douglas Hoppy
Keystone Rd
Manover Twp PA 18706

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