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

MAR 4 2013

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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)

JARED CYPHERT

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)

8162 RT. 36

Street Address

Tylersburg, PA 16361

City, State and Zip Code

814-744-9603

Telephone Number

Clarion
County

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

PO BOX 57

Street Address

TYLERSBURG, PA 16361

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?**

Gravel, sand, topsoil, mulch

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.

Jared R. Cyphert	
(Print Name)	
	2/26/13
(Signature)	(Date)

**Pennsylvania Public Utility Commission
Bureau of Technical Utility Services
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834 or FAX (717) 787-3114**

RECEIVED
2013 MAR -4 AM 10:53
PA P.U.C.
SECRETARY'S BUREAU

Exemption from PUC Cargo Insurance Regulations

This is to advise that JARED CYPHERT
(Name of applicant/carrier)

Holding PUC authority at Application Docket No. A-_____ is exempt
(if available)

From Cargo Insurance Regulations for the following reasons (Check **all** that apply):

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

(Signature of Individual applicant, authorized partner or corporate president or secretary)

Verification of Request

The undersigned deposes and says that he/she is the person who signed the statement for the above captioned applicant/application and that he/she is authorized to and does make this verification and the facts setforth therein are true and correct to the best of his/her knowledge, information and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Jared Cyphert 2/28/13
(Signature) (Date)

JARED CYPHERT
(Print Name)

Please return to: Pennsylvania Public Utility Commission
Bureau of Technical Utility Services – Compliance Office – Insurance
PO Box 3265
Harrisburg, PA 17105-3265

This form is used to waive the Commission's requirement for PA PUC certificated carriers to maintain a minimum of \$5,000 insurance for loss or damage to cargo being transported. You must meet at least one of the three criteria above. If none of the three criteria for exemption apply to you, you must submit evidence of cargo insurance.



INSURANCE BINDER

DATE (MM/DD/YYYY)
02/26/2013

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY Neiswonger Insurance Agency, Inc. 475 Main Street Reynoldsville, PA 15851		COMPANY ERIE INS EXCHANGE		BINDER # Q022630701	
PHONE (A/C, No. Ext): (814)853-8130		FAX (A/C, No): (814)653-8641		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #	
CODE:		SUB CODE:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)	
AGENCY CUSTOMER ID: INSURED J & S Trucking Jared & Shalis Cyphert DBA Po Box 57 Tylersburg, PA 16361					

COVERAGES

LIMITS

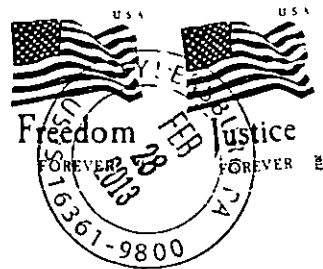
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC		OUR INSURANCE COMPANY STATED IT TAKES AT LEAST A WEEK TO GET A DECLARATION PAGE. THEY SAID THIS IS THE SAME THING.	DEDUCTIBLE		COINS %		AMOUNT	
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR			EACH OCCURRENCE \$		DAMAGE TO RENTED PREMISES \$		MED EXP (Any one person) \$	
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			GENERAL AGGREGATE \$		PRODUCTS - COM/OP AGG \$		COMBINED SINGLE LIMIT \$ 1,000,000	
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES <input checked="" type="checkbox"/> COLLUSION: 1000 <input checked="" type="checkbox"/> OTHER THAN COL: 500			RETRO DATE FOR CLAIMS MADE:		BODILY INJURY (Per person) \$		BODILY INJURY (Per accident) \$	
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO			1997 PETERBUILT DUMP 1NP5LU0X4VN436600		PROPERTY DAMAGE \$		MEDICAL PAYMENTS \$ 5,000	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				PERSONAL INJURY PROT \$		UNINSURED MOTORIST \$ 100,000		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				X ACTUAL CASH VALUE		STATED AMOUNT \$		
SPECIAL CONDITIONS / OTHER COVERAGES				AUTO ONLY - EA ACCIDENT \$		OTHER THAN AUTO ONLY:		
				EACH ACCIDENT \$		AGGREGATE \$		
				EACH OCCURRENCE \$		AGGREGATE \$		
				SELF-INSURED RETENTION \$		WC STATUTORY LIMITS		
				E.L. EACH ACCIDENT \$		E.L. DISEASE - EA EMPLOYEE \$		
				E.L. DISEASE - POLICY LIMIT \$		FEES \$		
				TAXES \$		ESTIMATED TOTAL PREMIUM \$		

NAME & ADDRESS

FUN BANK ISAOA PO BOX 7 FRYBURG, PA 16328		<input type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> LOSS PAYEE		ADDITIONAL INSURED	
		LOAN #			
		AUTHORIZED REPRESENTATIVE			



Jared & Shay Cyphert
P.O. Box 57
Tylersburg, PA 16361



PENNSYLVANIA PUBLIC UTILITY
COMMISSION

PO BOX 3265

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