

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)

SHAWN YEAGER TOWING

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

SHAWN YEAGER TOWING

Fictitious name and Registration number (if applicable)

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

21 ST. PAUL ST

Street Address

SHENANDDAH PENNA 17976

City, State and Zip Code

570-926-4030

Telephone Number

Schuylkill Co

County

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

28 ST. PAUL ST

Street Address

SHENANDDAH Pa 17976

City, State and Zip Code

5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

RECEIVED
2013 APR -5 AM 10:00
PA P.U.C.
SECRETARY'S BUREAU

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?**

_____ JUNK CARS _____

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.

SHAWN YEAGER
(Print Name)
x Shawn Yeager 4-3-13
(Signature) (Date)

Binder of Insurance

Pending issuance and delivery of a policy pursuant to the application of the insured and to all the terms and conditions of the policy issued by the company the

State Farm Mutual Automobile Insurance Company

Does hereby insure: SHAWN YEAGER
21 ST PAUL ST
SHENANDOAH, PA 17976-2037

with loss payable to: LOCUST SUMMIT 20 STATE ST MOUNT CARMEL PA 17851

Policy Number: 161 6940-E07-38C

Year	Make	Vehicle Identification Number (VIN)
1996	INTL 4700LPX FLATBED	1HTSMABM0TH258336

Coverages

Liability 100/300/50	Comprehensive \$500	Collision Ded \$500
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Effective April 03, 2013, expiring not to exceed thirty (30) days hence and to become void immediately upon the issuance of a policy in place hereof.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Date April 3, 2013 Ken Ellersbach-Haupt
Authorized Representative

S. YEAGER
28 ST. PAUL ST
SHENN, PA 17976

HARRISBURG PA 171

04 APR 2013 PM 2



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