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.

Trade Name	TRUCK (if using a fi	ctitious trade na		t be register	red with t	he Dept.	of State
	, == <b>3 u</b>			<del> </del>		<b> </b>	
ictitious na	me and R	egistration r	number (	if applicat	ole)	-	
					·· <del>······</del> ········		
hysical Ad	<b>dress</b> (do r	not use PO Box)					
Street Address	19	west	Den	<u>Damin</u>	Ave	<u></u>	
Street Address	$C_{\infty}$	nunaha	m.		1	821	9
City, State and		nyngha 8 - 9343					_
Telephone Nun	nber	<u> </u>		County	<u> </u>		
Street Address	Po.	Box 5	83	s)  a	18	219	
Street Address  City, State and	Po.  Con Zip Code	Box 5	83	s)  a	- 18	219	
Street Address  City, State and	Po.  Con Zip Code	Box 5	83	s)	18		SE
Street Address  City, State and  Attorney (if a	Condition of the condit	Box 5	78.3 n.	s)  a	- 18		SECRE TAI
Street Address  City, State and  Attorney (if a	Con Zip Code applicable) e & Telephor	Box 5 ynghan	78.3 n.	s)	18		ECRETARY
Street Address  City, State and  Attorney (if a	Con Zip Code applicable) e & Telephor	Box 5 ynghan	78.3 n.	s)  a	- 18		ECRETARY

If ve	es, PUC NO. A-			
•	t type of commodity do	vou in	tand to	- transport?
	FENERAL Com	-		DRY GOODS.
			/	
Are <u>y</u>	you one of the following	? If ye	s, chec	k below.
M	Individual			
[]	Partnership			
Are y	you a business entity re	gistere	ed with	the PA Department of State?
				ness that applies to this Application ou by the PA Department of State:
[]	Limited Partnership			
	•		С	orporation Bureau Entity ID Number
[]	Limited Liability Partners	ship		
	·	-	С	orporation Bureau Entity ID Number
W	Limited Liability Compar	ıy		45 055 7954 orporation Bureau Entity ID Number
	•	_	С	orporation Bureau Entity ID Number
[]	Corporation For Profit			
			C	orporation Bureau Entity ID Number
[]	Corporation - Nonprofit			
			С	orporation Bureau Entity ID Number
11	Fictitious Name (if applic	able)		
. ,		,		<del>.</del>
	<b>O,</b> contact the PA Departniness in PA:	nent of	f State a	and apply according to how you will o
	Corporations (Profit or -Profit)	-	File fo	or Articles of Incorporation
_	eign Corporations	_	File fo	or a Certificate of Authority
Fore	eigh Corporations		1 110 10	n a continuate of reactionity

Limited Liability Partnerships, Limited Liability Companies

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:	<ul><li>[ ] Certified Check, money order, or check from attorney</li><li>[ ] Copy of Current Safety Rating (if available)</li></ul>
Partnership:	<ul> <li>[ ] Certified Check, money order, or check from attorney</li> <li>[ ] List of names and addresses of ALL Partners</li> <li>[ ] Copy of Current Safety Rating (if available)</li> </ul>
Limited Partnership:	[ ] Corporation Bureau Entity Number as entered above in #9
r artifership.	<ul> <li>[ ] Certified Check, money order, or check from attorney</li> <li>[ ] List of names and addresses of ALL Partners</li> <li>[ ] Copy of Current Safety Rating (if available)</li> </ul>
Limited Liability Partnership:	[ ] Corporation Bureau Entity Number as entered above in #9
r armersing.	<ul> <li>[ ] Certified Check, money order, or check from attorney</li> <li>[ ] List of names and addresses of ALL Partners</li> <li>[ ] Copy of Current Safety Rating (if available)</li> </ul>
Limited Liability Company:	Corporation Bureau Entity Number as entered above in #9
Company.	<ul> <li>[ ] Certified Check, money order, or check from attorney</li> <li>[ ] List of names and addresses of ALL Members and Title of each Member (even if only one member)</li> </ul>
	[ ] Copy of Current Safety Rating (if available)
Corporation – For Profit:	[ ] Corporation Bureau Entity Number as entered above in #9
	<ul> <li>Certified Check, money order, or check from attorney</li> <li>List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares</li> </ul>
	[ ] Copy of Current Safety Rating (if available)
Corporation – Non-Profit:	[ ] Corporation Bureau Entity Number as entered above in #9
11011 1 10111.	<ul> <li>[ ] Certified Check, money order, or check from attorney</li> <li>[ ] List of ALL Corporate Officers and Titles and those serving on Board of Directors</li> </ul>
	[ ] 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.

(Print Name) Rapwinder Kalhilem O6/14/13
(Signature) (Date)

2013 JUN 24 AH 11: 40

DG TRUCKING LLC 19 W BENJAMIN AVE PO BOX 583 CONYNGHAM PA 18219

LEHIGH VALLEY PA 180

19 JUN 2013 PM 41

PA PUBLIC UTILITY COMMISION Po. Box 3265

HARRISBURG PA. 17105

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