



COMMONWEALTH OF PENNSYLVANIA
 PENNSYLVANIA PUBLIC UTILITY COMMISSION
 BUREAU OF TRANSPORTATION
 P. O. BOX 3265, HARRISBURG, PA. 17120

December 3, 1987

A-00102471

IN REPLY PLEASE REFER TO OUR FILE R-16

Pitt-Ohio Express, Inc.
 26th & Railroad Streets
 Pittsburgh, PA 15222

DOCKETED
 DEC 14 1987

Dear Sir:

TARIFF OR SUPPLEMENT RETURNED FOR THE FOLLOWING REASONS:

- Tariff is less than four pages and cannot be supplemented.
- Effective supplement(s) pages exceed 50% of original tariff pages.
- Omitted or not proper Certificate No. A- _____
- Permit No. A- _____ Folder No. (s) _____
- Designated improperly: should be (See NOTE) Pa. P.U.C. No. _____
- cancels (See NOTE) Pa. P.U.C. No. _____

N	<input type="checkbox"/> Aero	<input type="checkbox"/> Experimental	<input type="checkbox"/> Limousine
O	<input type="checkbox"/> Airport Transfer	<input type="checkbox"/> Express	<input type="checkbox"/> Paratransit
T	<input type="checkbox"/> Call or Demand	<input type="checkbox"/> Freight	<input type="checkbox"/> Scheduled Route
E	<input type="checkbox"/> Contract	<input type="checkbox"/> Group and Party	<input type="checkbox"/> _____

- Designated improperly; should be Supplement No. _____
 to (See NOTE) Pa. P.U.C. No. _____
 cancels Supplement No. (s) _____
- Designate; Supplement No. (s) _____ contain all changes.
- Carrier name not properly designated or proper.
- Operating authority omitted not complete or proper.
- Restriction(s) to operating authority omitted not complete or proper.
- New authority may be filed on one day's notice. Specify; issued under authority of Pa. Code, Title 52, Section 23.42; under effective date.
- Temporary Authority, designate; (Temporary Issue) directly under the Pa. P.U.C. No. _____

- Issued on _____ day's notice under authority of Special Permission No. _____.
Specify; under effective date.
- Filing requires 30-day statutory notice.
- List of changes required not proper (Applies only for Passenger Tariffs).
- Symbols required for (A) increase (C) change or addition (R) reduction.
- Explanation of abbreviations, reference marks and symbols not provided.
- Refers to Agency Publication(s). Power of attorney(s) required.
- Rule to determine mileage must be stated.
- Rule for advance reservations must be stated.
- Rates not provided for all commodities points, contained in operating authority.
- Page numbers not designated.
- Financial justification for proposed increases required by Pa. Code, Title 52, Section 23.67 not provided. (Freight Tariffs) Title 52, Section 23.63 and 23.64 not provided. (Passenger Tariffs)
- Tariff submitted is not acceptable. Adoption supplements must be provided, refer to instructions in our letter dated _____.
- Contract carrier requires separate tariff for each shipper.
- Contract(s) must accompany tariff(s). reductions require 60 days' statutory notice.
- When filing is resubmitted, change issued and effective dates. Use current dates, do not backdate. Show issued date two (2) days after mailing.
- Rates are provided for commodities points, not contained in operating authority.
- Other reasons:

Justification Forms 78-NR-22, UCBT-18 and 19 are enclosed with this letter.

Very truly yours,

Monroe H. Dove
Tariff Section

Enclosures

PLEASE DO NOT RETURN COMPLETED EXAMINATIONS TO ATA.

PHYSICAL EXAMINATION FORM

American Trucking Associations
2200 Mill Road
Alexandria, VA 22314
1 800 ATA-LINE

U.S. DEPARTMENT OF TRANSPORTATION REQUIREMENTS

Date of Examination 12/30/87 New Certification
Recertification

To Be Filled In By Examining Physician (Please Print):

Driver's Name David M. McCahan
Soc. Sec. No. [REDACTED] Date of Birth 10/9/63 Age 24

Health History:

Yes	No		Yes	No	Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Syphilis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gonorrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A 102471
SC 46977

FILE
I & E

If answer to any of the above is yes, explain: Concussions age 8 WITHOUT CONSEQUENCE

General appearance and development: Good Fair Poor

Vision: For Distance: Right 20/20 Left 20/30 Both 20/25 Without corrective lenses With corrective lenses, if worn
Evidence of disease or injury: Right NONE Left NONE

Color Test: NORMAL Horizontal field of vision: Right NORMAL Left NORMAL

Hearing: Right ear GOOD FOR WHISPER @ 15 FEET Left ear GOOD FOR WHISPER @ 15 FEET
Disease or injury: NONE ASACANT

Audiometric test: (if audiometer is used to test hearing) Decibel loss at 500 Hz 0 1,000 Hz 0 2,000 Hz 0 4,000 Hz 0 6,000 Hz 0

Throat: Clear

Thorax: Heart: Regular Rate & Rhythm @ 80 BPM
If organic disease is present, is it fully compensated? NO

Blood pressure: Systolic 110 Diastolic 70

Pulse: Before exercise 75 Immediately after exercise 110

Lungs: Clear Crackles Wheezes None

Abdomen: Scars: NONE Abnormal masses: NONE Tenderness: NONE

Hernia: Yes No If so, where? N/A Is truss worn? NO

Gastrointestinal: Ulceration or other diseases: Yes No NO EVALUATED BY HISTORIC & CLINICAL EXAM ONLY

Genito-Urinary: Scars: NONE Urethral discharge: NONE

Reflexes: Romberg: NORMAL Pupillary: NORMAL Light: R INDIRECT L INDIRECT

Accommodation: Right INDIRECT Left INDIRECT

Knee jerks: Right: Normal Increased Absent
Left: Normal Increased Absent

Remarks: Upper NO GROSS ABNORMAL Lower NO GROSS ABNORMAL Spine NO GROSS ABNORMAL

Extremities: Laboratory and Other Special Findings: Urine: Spec. Gr. 1.020 Alb. NEG Sugar NEG
Other Laboratory Data (Serology, etc): N/A
Radiological Data: None Electrocardiograph: None

General Comments: None

Name of Examining Doctor (Print) T. S. M. CASTLE D.O. Signature [Signature]

Address of Examining Doctor N. 21st St. Camp Hill PA 17011
HOLY SPIRIT HOSPITAL

MEDICAL EXAMINER'S CERTIFICATE TO BE COMPLETED ONLY IF DRIVER IS FOUND QUALIFIED

MEDICAL EXAMINER'S CERTIFICATE
(I certify that I have examined)

DAVID M M² CAHAN
(Driver's name (Print))

in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with the knowledge of his duties, I find him qualified under the regulations.
 Qualified only when wearing corrective lenses
 Qualified only when wearing a hearing aid
A complete examination form for this person is on file in my office at:

12/30/87 D.O.
(Date of examination) T. S. M. CASTLE
(Name of examining doctor (Print))

[Signature]
(Signature of examining doctor)
[Signature]
(Signature of driver)

The following will be completed only when the visual test is conducted by a licensed ophthalmologist or optometrist.

(Date of Examination)
Name of Ophthalmologist or Optometrist (Print)
(Address of Ophthalmologist or Optometrist)
(Signature of Ophthalmologist or Optometrist)

DOCUMENT FOLDER



COMMONWEALTH OF PENNSYLVANIA
 PENNSYLVANIA PUBLIC UTILITY COMMISSION
 BUREAU OF TRANSPORTATION
 P. O. BOX 3265, HARRISBURG, PA. 17120

January 5, 1988

A-00102471

IN REPLY PLEASE REFER TO OUR FILE R-1

Charles Donley & Associates
 3361 Stafford Street
 Pittsburgh, PA 15204

DOCKETED
 JAN 14 1988

Re: Pitt-Ohio Express, Inc.

Dear Sir:

TARIFF OR SUPPLEMENT RETURNED FOR THE FOLLOWING REASONS:

- Tariff is less than four pages and cannot be supplemented.
- Effective supplement(s) pages exceed 50% of original tariff pages.
- Omitted or not proper Certificate No. A- _____
 Permit No. A- _____ Folder No.(s) _____
- Designated improperly: should be (See NOTE) Pa. P.U.C. No. _____
 cancels (See NOTE) Pa. P.U.C. No. _____

DOCUMENT FOLDER

N	<input type="checkbox"/> Aero	<input type="checkbox"/> Experimental	<input type="checkbox"/> Limousine
O	<input type="checkbox"/> Airport Transfer	<input type="checkbox"/> Express	<input type="checkbox"/> Paratransit
T	<input type="checkbox"/> Call or Demand	<input type="checkbox"/> Freight	<input type="checkbox"/> Scheduled Route
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- Designated improperly; should be Supplement No. _____
to (See NOTE) Pa. P.U.C. No. _____
 cancels Supplement No.(s) _____

- Designate; Supplement No.(s) _____ contain all changes.
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- Operating authority omitted not complete or proper.
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New authority may be filed on one day's notice. Specify; issued under authority of Pa Ccde, Title 52, Section 23.42; under effective date.

Temporary Authority, designate; (Temporary Issue) directly under the Pa. P.U.C. No.

Issued on _____ day's notice under authority of Special Permission No. _____.
Specify; under effective date.

Filing requires 30-day statutory notice.

List of changes required not proper (Applies only for Passenger Tariffs).

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Explanation of abbreviations, reference marks and symbols not provided.

Refers to Agency Publication(s). Power of attorney(s) required.

Rule to determine mileage must be stated.

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Page numbers not designated.

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Contract carrier requires separate tariff for each shipper.

Contract(s) must accompany tariff(s). reductions require 60 days' statutory notice.

When filing is resubmitted, change issued and effective dates. Use current dates, do not backdate. Show issued date two (2) days after mailing.

Rates are provided for commodities points, not contained in operating authority

Other reasons:

Amend authority on Page 3 of Freight - PA PUC No. 24 at F. 602 to read F. 1, Am-J. See returned pages for other corrections.

cc: Carrier
26th & Railroad Streets
Pittsburgh, PA 15222

Very truly yours,

Monroe H. Dove.

Tariff Section



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
BUREAU OF TRANSPORTATION
P. O. BOX 3265, HARRISBURG, PA. 17120
January 25, 1988

A-00102471

DOCKETED
JAN 29 1988

IN REPLY PLEASE REFER TO OUR FILE R

Charles Donley & Associates
3361 Stafford Street
Pittsburgh, PA 15204

Re: Pitt Ohio Express, Inc

Dear Sirs:

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T	<input type="checkbox"/> Call or Demand	<input type="checkbox"/> Freight	<input type="checkbox"/> Scheduled Ro
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to (See NOTE) Pa. P.U.C. No. _____
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- Rates are provided for commodities points, not contained in operating authority.
- Other reasons:
~~XXXX~~

Justification Forms 78-NR-22 and UCBT-19 were not enclosed with filing you made.

cc: Carrier
26th & Railroad Streets
Pittsburgh, PA 15222

Very truly yours,

Monroe H. Dove
Tariff Section



COMMONWEALTH OF PENNSYLVANIA
 PENNSYLVANIA PUBLIC UTILITY COMMISSION
 BUREAU OF TRANSPORTATION
 P. O. BOX 3255, HARRISBURG, PA. 17120

March 21, 1988

A-00102471

DOCKETED

MAR 24 1988

IN REPLY PLEASE REFER TO OUR FILE R-

Pitt-Ohio Express, Inc.
 26th & Railroad
 Pittsburgh, PA 15222

Attn: Charles L. Hammel, III

Re: Freight - PA PUC No. 24

TARIFF OR SUPPLEMENT RETURNED FOR THE FOLLOWING REASONS:

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- ~~XXXX~~ Other reasons:

Concerning the four revised pages that were to become effective March 25, 1988:

1. There is already a 1st Revised Title Page.
2. 2nd Revised Page ok.
3. There is already a 1st Revised Page 3.
4. 1st Revised Page 11 ok.

Very truly yours,

G. Baker
Tariff Section



COMMONWEALTH OF PENNSYLVANIA
 PENNSYLVANIA PUBLIC UTILITY COMMISSION
 BUREAU OF TRANSPORTATION
 P. O. BOX 3265, HARRISBURG, PA. 17120

May 12, 1988

A-00102471

DOCKETED
 MAY 18 1988

IN REPLY PLEASE
 REFER TO OUR FILE

Pitt-Ohio Express, Inc.
 26th & Railroad Street
 Pittsburgh, PA 15222

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**UPPER
 SLIDE**

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- Other reasons:

See returned supplement for other corrections.

Very truly yours,

Monroe H. Dove
Tariff Section