

RECEIVED

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

SEP 5 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)

Dupre Logistics LLC

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

N/A

Fictitious name and Registration number (if applicable)

N/A

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

c/o Blue Stone Gas Plant, 440 Hartmann Road

Street Address

Evans City, PA 16033

City, State and Zip Code

361-452-1824

Telephone Number

Butler

County

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

201 Energy Parkway, Suite 500

Street Address

Lafayette, LA 70508

City, State and Zip Code

5. **Attorney** (if applicable)

N/A

Attorney's Name & Telephone Number for this Filing

N/A

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?**

Liquefied Petroleum Gas (LPG)

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

Applied for

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
 Applied for
 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.

<u>Blanche Trahan</u>	
(Print Name)	
<u></u>	<u>9-5-13</u>
(Signature)	(Date)



Member Names for Motor Common Carrier of Property Application

Name	Title	Address
Alfred LaCombe	Director of Safety	201 Energy Parkway, Suite 500, Lafayette, LA 70508
Eric O. Hidalgo	Operations Manager	1745 North Lexington Blvd, Corpus Christi, TX 78409
Jeff Duvall	Senior Operations Manager	7130 Goodlett Farms Pkwy, Suite 102, Cordova, TN 38016
Blanche Trahan	Licensing Manager	201 Energy Parkway, Suite 500, Lafayette, LA 70508

Dupré Logistics, LLC
201 Energy Pkwy., Suite 500
Lafayette, LA 70508-3851
800-356-3659
www.duprelogistics.com



U.S. Department
of
Transportation
**Federal Motor
Carrier Safety
Administration**

1200 New Jersey Ave., S.E.
Washington, DC 20590

June 21, 2007

In reply refer to:
Your USDOT No.: 214438
Review No.: 562124/CR

AL LACOMBE
SAFETY DIRECTOR
DUPRE TRANSPORT LLC
201 ENERGY PARKWAY SUITE 500
LAFAYETTE LA 70508

Dear AL LACOMBE:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on June 8, 2007. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
5304 FLANDERS DRIVE, SUITE A
BATON ROUGE, LA 70808
Telephone No.: 225-757-7640

William A. Quade
Director, Office of Enforcement and
Compliance

POLICY NUMBER: TRK 5916139-07

COMMERCIAL AUTO

ZURICH AMERICAN INSURANCE COMPANY

1400 American Lane
Schaumburg, Illinois 60196-1056
1-800-382-2150

MOTOR CARRIER DECLARATIONS

ITEM ONE

PRODUCER:
ARTHUR J. GALLAGHER RISK MGMT

NAMED INSURED: DUPRE LOGISTICS, LLC

MAILING ADDRESS: 201 ENERGY PKWY
STE 500
LAFAYETTE, LA 70508-3800

POLICY PERIOD: From 10-01-2012 to 10-01-2013 at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER: TRK 5916139-06

FORM OF BUSINESS:

CORPORATION

LIMITED LIABILITY COMPANY

INDIVIDUAL

PARTNERSHIP

OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception:								
AUDIT PERIOD (IF APPLICABLE)	<input checked="" type="checkbox"/>	ANNUALLY	<input type="checkbox"/>	SEMI-ANNUALLY	<input type="checkbox"/>	QUARTERLY	<input type="checkbox"/>	MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 - Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 - Broad Form Nuclear Exclusion (Not Applicable in New York)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

ITEM TWO

>SCHEDULE OF COVERAGES AND COVERED AUTOS

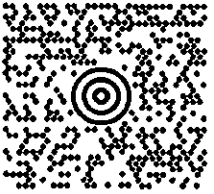

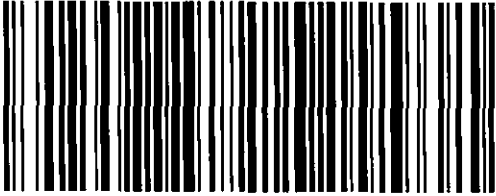

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	61	\$ 5,000,000	INCL
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	65	SEPARATELY STATED IN EACH P.L.P. ENDORSEMENT MINUS SEE ENDORSEMENT	INCL
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.L.P. ENDORSEMENT.	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.	
AUTO MEDICAL PAYMENTS		N/A	
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	
UNINSURED MOTORISTS	66	SEE ENDT	INCL
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	66	SEE ENDT	INCL
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR WHICHEVER IS LESS.	
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE	69	ACTUAL CASH VALUE, COST OF REPAIR, OR \$100,000 WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	INCL
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	62	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS SEE ENDORSEMENT \$25,000 DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	INCL
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	
PHYSICAL DAMAGE COLLISION COVERAGE	62	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$25,000 DEDUCTIBLE FOR EACH COVERED AUTO.	INCL
PHYSICAL DAMAGE TOWING AND LABOR		N/A FOR EACH HD5 ABILEMENT OF A PRIVATE PASSENGER "AUID".	
		TAX/SURCHARGE/FEE	
		PREMIUM FOR ENDORSEMENTS	
		*ESTIMATED TOTAL PREMIUM	

This policy may be subject to final audit

1. **Ensure there are no other shipping or tracking labels attached to your package.** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
2. **Fold the printed sheet containing the label at the line so that the entire shipping label is visible.** Place the label on a single side of the package and cover it completely with clear plastic shipping tape. Do not cover any seams or closures on the package with the label. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
3. **GETTING YOUR SHIPMENT TO UPS**
UPS locations include the UPS Store®, UPS drop boxes, UPS customer centers, authorized retail outlets and UPS drivers.
Schedule a same day or future day Pickup to have a UPS driver pickup all of your Internet Shipping packages.
Hand the package to any UPS driver in your area.
Take your package to any location of The UPS Store®, UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot® or Staples®) or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the 'Find Locations' Quick link at ups.com.
Customers with a Daily Pickup
Your driver will pickup your shipment(s) as usual.

FOLD HERE

BLANCHE TRAHAN 337-314-2255 DUPRE LOGISTICS, LLC 201 ENERGY PARKWAY, SUITE 500 LAFAYETTE LA 705083851		0.0 LBS LTR	1 OF 1
SHIP TO: SECRETARY 717-787-3834 PA PUBLIC UTILITY COMMISSION 400 NORTH STREET HARRISBURG PA 17120-0200			
	PA 171 9-20 		
UPS NEXT DAY AIR		1	
TRACKING #: 1Z X70 813 01 9128 2498			
			
BILLING: P/P			
Reference#1: Application			
<small>UPS 15.6.12. WNTZ70 42.0A 07/2013</small>			

*Rush to notify
Robert Bingaman*