

6. **Does applicant currently hold or has ever held PA PUC authority?**

Yes No (circle one)

If yes, **PUC NO. A-** 00123816

7. **What type of commodity do you intend to transport?**

log hauling

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 - File for Articles of Incorporation

Non-Profit)

- 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.

Chad B. Sprentel
 (Print Name)

Chad B. Sprentel 11-8-13
 (Signature) (Date)



pennsylvania
DEPARTMENT OF TRANSPORTATION

**PENNSYLVANIA DEPARTMENT OF TRANSPORTATION
BUREAU OF DRIVER LICENSING**

FULL DRIVER RECORD
MAY 17 2013

DRIVER:
CHAD BRANDON SPRENKEL
1546 STARLIGHT DR
MIDDLEBURG , PA 17842

DRIVER'S LICENSE NO: 22700718
DATE OF BIRTH: JAN 30 1972
SEX: MALE
RECORD TYPE: REG LICENSE

DRIVER LICENSE (DL)

LICENSE CLASS:
LICENSE ISSUE DATE: NOV 30 2011
LICENSE EXPIRES:
ORIG ISSUE DATE: JUL 27 1988
MED RESTRICTIONS: 1
LEARNER PERMITS:
LICENSE STATUS:
CDL MED SELF CERT:

COMMERCIAL DRIVER LICENSE (CDL)

CDL LICENSE CLASS: A*
CDL LICENSE ISSUED: MAY 07 1992
CDL LICENSE EXPIRES: JAN 31 2016
CDL ENDORSEMENTS: NONE
CDL RESTRICTIONS: NONE
CDL LEARNER PERMITS:
CDL LICENSE STATUS: VALID
CDL LIC DOWNGRADED:
SB ENDORSEMENT:

OCCUPATIONAL LIMITED LICENSE (OLL)

OLL LICENSE CLASS:
OLL LICENSE ISSUED:
OLL LICENSE EXPIRES:
OLL LICENSE STATUS:

PROBATIONARY LICENSE (PL)

PL LICENSE CLASS:
PL LICENSE ORIG ISS:
PL LICENSE ISSUED:
PL LICENSE EXPIRES:
PL LICENSE STATUS:

MEDICAL CERTIFICATE (MC)

MC STATUS:
MC RESTRICTIONS: NONE
MC ISSUED:
MC EXPIRES:

MEDICAL EXAMINER (ME)

ME NAME:
ME TELEPHONE:
ME REGISTRY NO:
ME LICENSE NO:
ME SPECIALITY CODE:
ME LICENSING JURISDICTION
CODE:

SKILL PERFORMANCE EVALUATION (SPE)

SPE EFFECTIVE:
SPE EXPIRES:

WAVIER/EXEMPT (W/E)

W/E EFFECTIVE:
W/E EXPIRES:

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2013 NOV 12 AM 10:58
PA.P.U.C.
SECRETARY'S BUREAU

REPORT OF VIOLATIONS AND DEPARTMENTAL ACTIONS

VIOLATION DATE: NOV 09 1995
VIOLATION: VEHICLE CODE: 3323B
DESCRIPTION: STOP SIGN VIOLATION
CONVICTION DATE: NOV 13 1995
ACTION: ASSIGNED POINTS

VIOLATION DATE: NOV 28 1999
VIOLATION: VEHICLE CODE: 3362
DESCRIPTION: EXCEEDING MAXIMUM SPEED
072 MPH IN A 055 MPH ZONE
CONVICTION DATE: DEC 06 1999
ACTION: ASSIGNED POINTS

VIOLATION DATE: JUN 21 2005
VIOLATION: VEHICLE CODE: 3714A
DESCRIPTION: CARELESS DRIVING
CONVICTION DATE: JUL 08 2005
ACTION: ASSIGNED POINTS

VIOLATION DATE: MAY 01 2006
VIOLATION: VEHICLE CODE: 4107B2
DESCRIPTION: IMPROPER EQUIPMENT
COMM VEHICLE: YES HAZMAT: NO CDL HOLDER: YES
CONVICTION DATE: MAY 05 2006
ACTION: NON-SANCTIONED

VIOLATION DATE: AUG 26 2009
VIOLATION: VEHICLE CODE: 4107B2
DESCRIPTION: IMPROPER EQUIPMENT
COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: YES
CONVICTION DATE: SEP 08 2009
ACTION: NON-SANCTIONED

VIOLATION DATE: SEP 14 2009
VIOLATION: VEHICLE CODE: 3361
DESCRIPTION: TOO FAST FOR CONDITIONS
COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: YES
CONVICTION DATE: NOV 18 2009
ACTION: ASSIGNED POINTS

REPORT OF MEDICALS AND DEPARTMENTAL ACTIONS

NO MEDICALS OR DEPARTMENTAL ACTIONS DURING THIS REPORTING PERIOD

REPORT OF ACCIDENTS AND DEPARTMENTAL ACTIONS

MOTOR VEHICLE ACCIDENT RECORDS LISTED ON THIS OPERATING REPORT DO NOT INDICATE FAULT FOR THE ACCIDENT. THE RECORD ONLY INDICATES THAT THIS INDIVIDUAL OR THE INDIVIDUAL'S VEHICLE WAS INVOLVED IN AN ACCIDENT ON THE DATE LISTED.

ACCIDENT DATE: NOV 16 2006
LOCATION: COLUMBIA CNTY
VEHICLE TYPE: TRUCK
SEVERITY: FATAL

ACCIDENT DATE: SEP 14 2009
LOCATION: CUMBERLAND CTY
VEHICLE TYPE: TRUCK
SEVERITY: PROPERTY

*** END OF RECORD ***

WID #: 131372620002134
PROCESSED: 05/17/2013 8:43 AM



Tina Sprengel
1546 Starlight Dr
Middleburg, PA 17842-8440

HARRISBURG PA 171

09 NOV 2013 PM 6 L



ENERGY



Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265

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