

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

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TECHNICAL UTILITY SERVICES
2014 FEB -5 PM 1:20

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)

Metal Sales Manufacturing Transportation, LLC

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

Fictitious name and Registration number (if applicable)

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

7800 State Road 60

Street Address

Sellersburg, IN 47172

City, State and Zip Code

Telephone Number

County

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

545 Third St., Suite 310

Street Address

Louisville, KY 40202

City, State and Zip Code

5. **Attorney** (if applicable)

Andrew K. Light 317-637-1777

Attorney's Name & Telephone Number for this Filing

Scopelitis Garvin Light Hanson & Feary, 10 W Market Street, Ste 1500, Indianapolis, IN 46204

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?
general freight

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

4240116

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.

(Print Name)	
(Signature)	(Date)

 **SCOPELITIS**
GARVIN LIGHT HANSON & FEARY

10 West Market Street
Suite 1500
Indianapolis, IN 46204

The full service transportation law firm

www.scopelitis.com
Main (317) 637-1777
Fax (317) 687-2414

ANDREW K. LIGHT
alight@scopelitis.com

February 3, 2014

Pennsylvania Public Utility Commission
Bureau of Transportation and Safety
P. O. Box 3265
Harrisburg, PA 17105-3275

RE: Metal Sales Manufacturing Transportation, LLC
Intrastate Authority Application

To Whom It May Concern:

Enclosed for filing are the following documents in connection with an intrastate authority application for the above company:

1. Application for Motor Common Carrier of Property
2. LLC Officer/Member List
2. Check in the amount of \$100.00 to cover filing fee
4. Certificate of Insurance evidencing liability coverage
5. Certificate of Insurance evidencing cargo coverage

It is my understanding the insurance certificates will serve as temporary proof of insurance. Please be advised the Form E and Form H insurance filings will be submitted directly by the insurance company once a docket number has been assigned. In the meantime I understand the company may operate upon the assignment of a PA PUC number based on the attached temporary insurance filing. Lastly, I enclose an extra copy of this letter along with a self-addressed, stamped envelope for your use in acknowledging receipt. If you

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February 3, 2014

Pennsylvania Public Utility Commission

have any questions concerning this matter, please contact me or Susan Laetsch of this office.

Very truly yours,



Andrew K. Light

AKL/sl

Enclosures

cc: Everett Martin w/enclosures
Mike Walker w/enclosures

4837-5701-0968, v. 1

Metal Sales Manufacturing Transportation, LLC
Officer/Member List

Sole Member:

Metal Sales Manufacturing Corporation, Inc. – owns 100%

Officers:

President: Jeffrey L. Mackin

Vice President: Craig L. Mackin

Secretary: Jay L. Mackin



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/03/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Underwriters Group, Inc. 1700 Eastpoint Parkway P.O. Box 23790 Louisville, KY 40223	CONTACT NAME: PHONE (A/C, No, Ext): 502-244-1343 FAX (A/C, No): 502-244-1411 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Metal Sales Manufacturing Transportation, LLC 545 South 3rd Street, Suite 310 Louisville, KY 40202	INSURER A: Travelers Casualty Insurance Co of Amer 19046	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

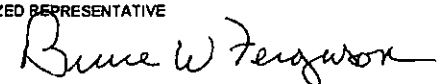
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cargó Liability Insurance		QT660292D0838	01/30/2014	01/30/2015	Limit 100,000 Deductible 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER CANCELLATION

Pennsylvania Public Utility Commission P. O. Box 3265 Harrisburg, PA 17105-3265	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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
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*See
BWR*

 **SCOPELITIS**
GARVIN LIGHT HANSON & FEARY
PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
10 WEST MARKET STREET, SUITE 1500
INDIANAPOLIS, INDIANA 46204-2965

Pennsylvania Public Utility Commission
Bureau of Transportation and Safety
P. O. Box 3265
Harrisburg, PA 17105-3275