



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3265, HARRISBURG, Pa. 17120

March 8, 1989

IN REPLY PLEASE
REFER TO OUR FILE

A. 00107747
Folder 2

Lonny Cades, Esquire
699 Longview Drive
Huntingdon Valley, PA 19006

DOCUMENT
FOLDER

Application of ROBERT P. SCOTT PROFESSIONAL MOVING VAN SERVICE CO.

To Whom It May Concern:

The records of the Commission show that applicant has complied with the necessary tariff and insurance requirements.

Enclosed is the certificate of public convenience evidencing the Commission's approval of the right to operate.

Kindly attach the enclosures to the compliance order previously issued and mailed to you.

Very truly yours,

Jerry Rich, Secretary

~~DOCKETED
MAR 1 1989~~

EMD
Certified Mail

ROBERT P. SCOTT PROFESSIONAL MOVING VAN SERVICE CO.
4602 Gary Drive
Bristol, PA 19007

DOCKETED
MAR 13 1989

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

ROBERT P. SCOTT PROFESSIONAL MOVING VAN
SERVICE CO., a corporation of the Commonwealth
of Pennsylvania

CERTIFICATE
OF
PUBLIC CONVENIENCE

A. 00107747
Folder 2

The Pennsylvania Public Utility Commission hereby certifies that after an investigation and/or hearing had on the above entitled application, it has, by its report and order made and entered, a copy of which is attached hereto and made a part hereof, found and determined that the granting of said application is necessary or proper for the service, accommodation, convenience and safety of the public, and this certificate is issued evidencing its approval of the said application as set forth in said report and order.

In Testimony Whereof, The PENNSYLVANIA PUBLIC UTILITY COMMISSION has caused these presents to be signed and sealed, and duly attested by its Secretary at its office in the city of Harrisburg this 8th day of MARCH, 19 89.

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

Attest:

DOCKETED
MAR 13 1989

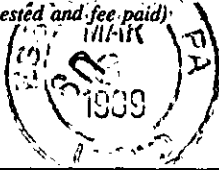
DOCUMENT
FOLDER

Chairman

Secretary

SENDER: Complete items 1 and 2 when additional services are ordered, and complete items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: <i>A 107747, F. 2 & Kenneth D. Sataloff</i>	4. Article Number 44869
5. Signature - Address <i>X R Jones</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid) 
7. Date of Delivery <i>3/6/89</i>	