

Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

T ? N Excavating LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PA PUC Authority?** NO **Previous Authority?** NO

If yes, at PUC No. A- _____

4. **Are you a business entity registered with the PA Department of State?** YES

If No, you must first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number 4060803

(see checklist and indicate type of business entity registered)

5. **Physical Address** (do not use post office box)

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1380 Cly Rd.
Street Address

York Haven, PA 17370
City, State and Zip Code

717-384-8138
Telephone Number

York
County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

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

Street Address

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Do you hold interstate operating authority?**

No Yes, at No. _____

9. **What type of commodities do you intend to transport?**

Dirt, mulch, Stone

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10. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

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.

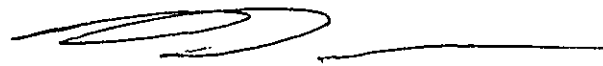
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/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.

Nicholas Avola, President
(Print Name)


(Signature) 7/19/14
(Date)

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, a member (if a limited liability company), or by the President or Secretary (if a corporation).

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Search Type: Starting With
 Search Date: 7/21/2014

Search Criteria: t & n excavating
 Search Time: 13:37

Click on the Business Entity Name or Entity Number to view more information.

<i>Business Entity Name</i>	<i>Entity Number</i>	<i>Type</i>	<i>Status</i>	<i>Entity Creation Date</i>
T & N EXCAVATING LLC	4060803	Limited Liability Company	Active	10/11/2011

Records Revealed 1 to 1 Only

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T & N Excavating LLC

Phone: 717-384-8138 Address: 1380 Cly Rd.
Fax: 717-384-8138 York Haven, PA 17370
Email: navola@mytandn.com

July 19, 2014

T & N Excavating LLC, PA Entity# 4060803, member information:

Nicholas Avola, President, 49% shareholder
1380 Cly Rd.
York Haven, PA 17370
Daytime phone: (717) 801-5525

Tiffani Hayden, Vice President, 51% shareholder
1380 Cly Rd.
York Haven, PA 17370
Daytime phone: (717) 855-7950

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FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

INSURANCE COMPANY NAME
ERIE INSURANCE EXCHANGE

NAIC CODE
26271

POLICY NUMBER
Q110530472

EFFECTIVE 07/21/14	UNTIL 11/15/14
NOT VALID MORE THAN SIX MONTHS FROM EFFECTIVE DATE	

YOU NEED THE I.D. CARD FOR VEHICLE INSPECTION AND OTHER PA STATE REQUIREMENTS—SEE BACK OF CARD.

YOUR AUTO POLICY IS EFFECTIVE

FROM 11/15/13 TO 11/15/14

TO COMPLY WITH PENNSYLVANIA LAW, WE WILL:

1. Issue a 6 month I.D. card on the policy effective date.
2. Six months later issue another 6 month I.D. card.
3. Issue a card for replacement or additional vehicle(s).

COVENANT INSURANCE GROUP LLC
 3661 W CANAL RD
 DOVER PA 17315
 717-292-2028

1988 KENWORTH DUMP TRUCK 1XKDDB9X6JS520232

Year Make V.I.N. If only 5 digits, they are last 5.

NAMED INSURED
T & N EXCAVATING LLC
 1380 CLY RD
 YORK HAVEN PA 17370



Erie Insurance

100 Erie Ins. Pl.
 Erie, PA 16530

Terrence W. Cavanaugh
 Authorized Signature

SEE IMPORTANT MESSAGE ON REVERSE SIDE

FOLD AND DETACH CARD AT PERFORATION

CLAIM SERVICE—For Claim Service anywhere in U.S. or Canada, call YOUR AGENT or, using the list below, call the Claim Office NEAREST YOUR HOME.

State	*Claim Office	Call Toll Free	State	*Claim Office	Call Toll Free
DC	SILVER SPRING	1-800-492-2709	TN	KNOXVILLE	1-888-922-3743
IL	PEORIA	1-888-335-3743	VA	RICHMOND	1-800-322-3743
IN	FORT WAYNE	1-800-882-5655	WI	ROANKE	1-800-533-3743
MD	INDIANAPOLIS	1-800-624-1620	WV	WAYNESBORO	1-800-542-2250
NC	SILVER SPRING	1-800-492-2709		WAIKESHA	1-877-740-3743
NY	HAGERSTOWN	1-800-533-5602		PARKERSBURG	1-800-642-1948
OH	CHARLOTTE	1-800-473-3882			
PA	RALEIGH	1-800-533-3982			
	ROCHESTER	1-800-333-0823			
	CANTON	1-800-362-6541			
	COLUMBUS	1-800-282-1702			
	ALLENTOWN/BETH ERIE	1-800-322-9026			
	HOME OFFICE (ERIE)	1-877-771-3743			
	HARRISBURG	1-800-458-0811			
	JOHNSTOWN	1-800-382-1304			
	MURRYSVILLE	1-800-241-4209			
	PHILADELPHIA	1-800-553-3367			
	PITTSBURGH	1-800-821-2902			
		1-800-922-1824			

*Our phones answer 24 hours a day, 7 days a week!
 To report your claim after hours (5:30 p.m. to 8:00 a.m.) or on weekends, please call your Agent or our After Hours Claims Service
 Toll Free at 1-800-367-3743

FRAUD FINDERS® HOTLINE
 To confidentially report information on insurance fraud activities, call our **FRAUD FINDERS® HOTLINE**
 Toll-Free at 1-800-368-6696

To report an auto glass claim, call **ERIEglass™**
 Toll-Free at 1-800-552-3743

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THIS CARD MUST BE CARRIED FOR PRODUCTION UPON DEMAND. IT IS SUGGESTED THAT YOU CARRY THIS CARD IN THE INSURED VEHICLE.

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without required financial responsibility may have his/her registration suspended or revoked.

IN THE EVENT OF AN ACCIDENT OR LOSS

- Help any injured. Get names, addresses, auto license plate numbers of involved, including all witnesses.
- Do not discuss an accident with anyone except the police or our representative.
- Protect your auto and any property from further damage.
- Promptly call the police if someone is injured, damage is extensive, or in case of theft. In case of "hit-and-run," you must report the accident to the police within 24 hours or as soon as possible.
- Notify your Agent or The ERIE of the accident or loss.

FRAUD FINDERS® HOTLINE
 To confidentially report information on insurance fraud activities, call our **FRAUD FINDERS® HOTLINE**
 Toll-Free 1-800-368-6696.

IMPORTANT NOTICE
Regarding your Financial Responsibility Insurance Identification Card.

The ERIE INSURANCE COMPANY is required by Pennsylvania Law to send you an I.D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

If you lose the card, contact your insurance company for a replacement.

The I.D. card information may be used for vehicle registration and replacing license plates. If your liability insurance policy is not in effect, the I.D. card is no longer valid.

You are required to maintain financial responsibility on your vehicle. It is against Pennsylvania Law to use the I.D. card fraudulently such as using the card as proof of financial responsibility after the insurance policy is terminated.

NOTE: THIS CARD IS REQUIRED WHEN:

- (1) You are involved in an auto accident.
- (2) You are convicted of a traffic offense other than a parking offense that requires a court appearance.
- (3) You are stopped for violating any provision of the Vehicle Code (75 Pa. C.S. §101-9910) and requested to produce it by a police officer.
- (4) You take the described vehicle to an inspection station to be inspected.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which has been previously suspended or revoked.

COMMONWEALTH OF PENNSYLVANIA

CERTIFICATE OF TITLE FOR A VEHICLE

121431022000240 001

1XKDDDB9X6JS520232		1988	KW	69953156501 R			
VEHICLE IDENTIFICATION NUMBER		YEAR	MAKE OF VEHICLE	TITLE NUMBER			
TK	1	OH	05/22/12	EXEMPT		4	
BODY TYPE	DUP	SEAT CAP	PRIOR TITLE STATE	ODOM. PROCD. DATE	ODOM. MILES	ODOM. STATUS	
09/21/11	05/22/12		26,000	73,280	73,280		
DATE PA TITLED	DATE OF ISSUE	UNLADEN WEIGHT	GVWR	GCWR	TITLE BRANDS		

ODOMETER DISCLOSURE EXEMPT BY FEDERAL LAW

REGISTERED OWNER(S)
R D HYRE HAULING AND EXCAVATING LLC
 6321 MOUNTAIN RD
 DOVER PA 17315

ODOMETER STATUS	
0 = ACTUAL MILEAGE	
1 = MILEAGE EXCEEDS THE MECHANICAL LIMITS	
2 = NOT THE ACTUAL MILEAGE	
3 = NOT THE ACTUAL MILEAGE-ODOMETER TAMPERING VERIFIED	
4 = EXEMPT FROM ODOMETER DISCLOSURE	
TITLE BRANDS	
A = ANTIQUE VEHICLE	
C = CLASSIC VEHICLE	
D = COLLECTIBLE VEHICLE	
F = OUT OF COUNTRY	
G = ORIGINALLY MFGD. FOR NON-U.S. DISTRIBUTION	
H = AGRICULTURAL VEHICLE	
L = LOGGING VEHICLE	
P = IS/WAS A POLICE VEHICLE	
R = RECONSTRUCTED	
S = STREET ROD	
T = RECOVERED THEFT VEHICLE	
V = VEHICLE CONTAINS REISSUED VIN	
W = FLOOD VEHICLE	
X = IS/WAS A TAXI	

FIRST LIEN FAVOR OF:

SECOND LIEN FAVOR OF:

FIRST LIEN RELEASED _____ DATE _____

If a second lienholder is listed upon satisfaction of the first lien, the first lienholder must forward this Title to the Bureau of Motor Vehicles with the appropriate form and fee.

BY _____ AUTHORIZED REPRESENTATIVE

SECOND LIEN RELEASED _____ DATE _____

MAILING ADDRESS

000000

BY _____ AUTHORIZED REPRESENTATIVE

R D HYRE HAULING AND EXCAVATING LLC
 6321 MOUNTAIN RD
 DOVER PA 17315

pennsylvania
 DEPARTMENT OF TRANSPORTATION

BARRY J. SCHOCH, P. E.

Secretary of Transportation

I certify as of the date of issue, the official records of the Pennsylvania Department of Transportation reflect that the person(s) or company named herein is the lawful owner of the said vehicle.

D. APPLICATION FOR TITLE AND LIEN INFORMATION-

TO BE COMPLETED BY PURCHASER WHEN VEHICLE IS SOLD AND THE APPROPRIATE SECTIONS ON THE REVERSE SIDE OF THIS DOCUMENT ARE COMPLETED.

SUBSCRIBED AND SWORN TO BEFORE ME:

7 MO 19 DAY 14 YEAR

If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (On death of one owner, title goes to surviving owner) CHECK HERE . Otherwise, the title will be issued as "Tenants in Common" (On death of one owner, interest of deceased owner goes to his/her heirs or estate).

 SIGNATURE OF PERSON ADMINISTERING OATH

IF NO LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

APPALACHIAN AUTO INC

09634054

Nicholas Avolio

1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER _____

1ST LIENHOLDER NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

IF NO 2ND LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER _____

2ND LIENHOLDER NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

The undersigned hereby makes application for Certificate of Title to the vehicle described above, subject to the encumbrances and other legal claims set forth here.

 SIGNATURE OF APPLICANT OR AUTHORIZED SIGNER

 SIGNATURE OF CO-APPLICANT/TITLE OF AUTHORIZED SIGNER

STORE IN A SAFE PLACE - IF LOST APPLY FOR A DUPLICATE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF THE LIBERTY BELL WATERMARK

STAMP OR SEAL

50168412

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(TYPE OR PRINT) Certificate of Title must be submitted within 20 days, unless the purchaser is a registered dealer holding the vehicle for resale.

WARNING - FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES OR IMPRISONMENT.

<p>A. ASSIGNMENT OF TITLE - Registered dealers must complete forms MV27A or MV27B as required by law. If purchaser is NOT a registered dealer, Section D on the front of this form must be completed.</p> <p>I/We certify, to the best of my/our knowledge that the odometer reading is <u>EXEMPT</u> ^{TENTHS} miles and reflects the actual mileage of the vehicle.</p> <p><input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits <input type="checkbox"/> Is NOT the actual mileage WARNING: Odometer discrepancy</p> <p>I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME: <u>7</u> MO <u>19</u> DAY <u>14</u> YEAR</p> <p>SIGNATURE OF PERSON ADMINISTERING OATH: </p>		<p>PURCHASER OR FULL BUSINESS NAME: <u>T?N Excavating LLC</u></p> <p>CO-PURCHASER:</p> <p>STREET ADDRESS: <u>1380 City Rd.</u></p> <p>CITY: <u>York Haven</u></p> <p>STATE: <u>PA</u> ZIP: <u>17370</u> PURCHASE PRICE OR DIN: <u>08634054</u></p> <p>PURCHASER SIGNATURE: </p> <p>CO-PURCHASER SIGNATURE:</p>			
STAMP OR SEAL	<p>PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE: <u>Tiffani Hayden</u></p> <p>SIGNATURE OF SELLER: </p> <p>SIGNATURE OF CO-SELLER:</p>	<p>SELLER AND/OR CO-SELLER MUST HANDPRINT NAME HERE: <u>Randall D. Hare</u></p>			
	<p>B. RE-ASSIGNMENT OF TITLE BY REGISTERED DEALER-</p> <p>I/We certify, to the best of my/our knowledge that the odometer reading is <u> </u> ^{TENTHS} miles and reflects the actual mileage of the vehicle.</p> <p><input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits <input type="checkbox"/> Is NOT the actual mileage WARNING: Odometer discrepancy</p> <p>I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME: _____ MO _____ DAY _____ YEAR</p> <p>SIGNATURE OF PERSON ADMINISTERING OATH: _____</p>		<p>PURCHASER OR FULL BUSINESS NAME:</p> <p>CO-PURCHASER:</p> <p>STREET ADDRESS:</p> <p>CITY:</p> <p>STATE: _____ ZIP: _____ PURCHASE PRICE OR DIN: _____</p> <p>PURCHASER SIGNATURE:</p> <p>CO-PURCHASER SIGNATURE:</p>		
STAMP OR SEAL	<p>PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE:</p> <p>SIGNATURE OF SELLER:</p> <p>SELLER MUST HANDPRINT NAME HERE:</p>	<p>RE-ASSIGNMENT OF TITLE BY REGISTERED DEALER-</p> <p>I/We certify, to the best of my/our knowledge that the odometer reading is <u> </u> ^{TENTHS} miles and reflects the actual mileage of the vehicle.</p> <p><input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits <input type="checkbox"/> Is NOT the actual mileage WARNING: Odometer discrepancy</p> <p>I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME: _____ MO _____ DAY _____ YEAR</p> <p>SIGNATURE OF PERSON ADMINISTERING OATH: _____</p>		<p>PURCHASER OR FULL BUSINESS NAME:</p> <p>CO-PURCHASER:</p> <p>STREET ADDRESS:</p> <p>CITY:</p> <p>STATE: _____ ZIP: _____ PURCHASE PRICE OR DIN: _____</p> <p>PURCHASER SIGNATURE:</p> <p>CO-PURCHASER SIGNATURE:</p>	
	STAMP OR SEAL	<p>PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE:</p> <p>SIGNATURE OF SELLER:</p> <p>SELLER MUST HANDPRINT NAME HERE:</p>	<p>RE-ASSIGNMENT OF TITLE BY REGISTERED DEALER-</p> <p>I/We certify, to the best of my/our knowledge that the odometer reading is <u> </u> ^{TENTHS} miles and reflects the actual mileage of the vehicle.</p> <p><input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits <input type="checkbox"/> Is NOT the actual mileage WARNING: Odometer discrepancy</p> <p>I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME: _____ MO _____ DAY _____ YEAR</p> <p>SIGNATURE OF PERSON ADMINISTERING OATH: _____</p>		<p>PURCHASER OR FULL BUSINESS NAME:</p> <p>CO-PURCHASER:</p> <p>STREET ADDRESS:</p> <p>CITY:</p> <p>STATE: _____ ZIP: _____ PURCHASE PRICE OR DIN: _____</p> <p>PURCHASER SIGNATURE:</p> <p>CO-PURCHASER SIGNATURE:</p>
STAMP OR SEAL		<p>PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE:</p> <p>SIGNATURE OF SELLER:</p> <p>SELLER MUST HANDPRINT NAME HERE:</p>	<p>RE-ASSIGNMENT OF TITLE BY REGISTERED DEALER-</p> <p>I/We certify, to the best of my/our knowledge that the odometer reading is <u> </u> ^{TENTHS} miles and reflects the actual mileage of the vehicle.</p> <p><input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits <input type="checkbox"/> Is NOT the actual mileage WARNING: Odometer discrepancy</p> <p>I/We further certify that the vehicle is free of any encumbrance and that the ownership is hereby transferred to the person(s) or the dealer listed.</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME: _____ MO _____ DAY _____ YEAR</p> <p>SIGNATURE OF PERSON ADMINISTERING OATH: _____</p>		<p>PURCHASER OR FULL BUSINESS NAME:</p> <p>CO-PURCHASER:</p> <p>STREET ADDRESS:</p> <p>CITY:</p> <p>STATE: _____ ZIP: _____ PURCHASE PRICE OR DIN: _____</p> <p>PURCHASER SIGNATURE:</p> <p>CO-PURCHASER SIGNATURE:</p>
	STAMP OR SEAL	<p>PURCHASER AND/OR CO-PURCHASER MUST HANDPRINT NAME HERE:</p> <p>SIGNATURE OF SELLER:</p> <p>SELLER MUST HANDPRINT NAME HERE:</p>	<p>C. <input type="checkbox"/> CHECK HERE IF APPLICATION FOR DEALER TITLE AND COMPLETE SECTION D. TITLING FEES \$ _____ . _____</p>		

An employee of an issuing agent licensed as a vehicle dealer by the Pennsylvania State Board of Vehicle Manufacturers. Dealers and Salespersons may verify a person's signature in lieu of notarization.

MV-4 (10-2009)