



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

January 14, 1987

IN REPLY PLEASE  
REFER TO OUR FILE

A. 00106960  
Folder 1

Anastasius Efstratiades, Esquire  
1822 Spruce Street  
Philadelphia, PA 19103

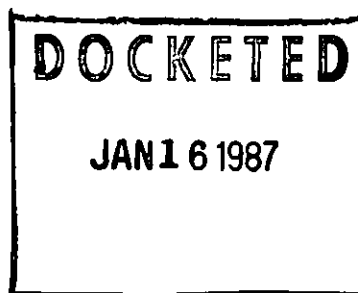
Application of DELAWARE COUNTY TRANSPORTATION SERVICE, INC., a corporation  
of the Commonwealth of PA

To Whom It May Concern:

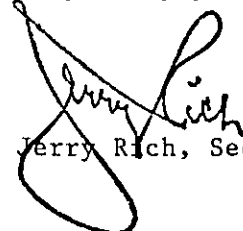
The records of the Commission show that applicant has complied  
with the necessary tariff and insurance requirements.

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 on December 9, 1986.



Very truly yours,

  
Jerry Rich, Secretary

EMD  
Certified Mail

Delaware County Transportation Service, Inc.  
1344 Chester Pike  
Sharon Hill, PA 19079



PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

DELAWARE COUNTY TRANSPORTATION SERVICE, INC.,  
a corporation of the Commonwealth of PA

CERTIFICATE  
OF  
PUBLIC CONVENIENCE

A. 00106960  
Folder 1

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 14th day of JANUARY, 19 87.

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

Attest:

DOCKETED  
JAN 16 1987

DOCUMENT  
FOLDER

Chairman

*[Handwritten Signature]*  
Secretary

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do so will prevent this card from being returned to you. The return receipt fee will provide you the signature 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.      2.  Restricted Delivery.

3. Article Addressed to: <p style="text-align: center;">A-106960 F1</p> <p style="text-align: center;">Anastasius Efthymiades, Esq</p>	4. Article Number <b>44162</b>
5. Signature — Addressee <input checked="" type="checkbox"/>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature — Agent <input checked="" type="checkbox"/> <i>R. Williams</i>	Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
7. Date of Delivery <p style="text-align: center;">1/16/87</p>	8. Addressee's Address ( <i>ONLY if requested and fee paid</i> )