

New Holland Bulk Carriers, LLC

16 New Street  
New Holland, PA 17557

717-354-6092  
271-3982

Dear PUC Commision,

**This letter is to inform you of present operations and to answer the evidence of insurance complaint filed by the bereau of investigation and enforcement. New Holland Bulk Carriers, LLC has suspended operations and all authorities, at least temporary, in order to merge with Hickory Hill Transport. We decided this was the best way to service current customers and to limit confusion among them instead of dealing with two carriers.**

The owners of Hickory Hill Transport, Raymond and Florence Hunter, are my father and mother in law. They are bulk milk haulers. Raymond suffered a major heart attack in March and was unable to make company decisions dealing with day to day activities. He has two sons that were employed at the time and they had to step up and assume the decision making process. Raymond is recovering and enduring the slow process of healing. They also are in the process of turning the business over to the sons, which has turned out to be a slow process.

In the meantime, I decided to suspend my operations in order to help them. I did receive notice of cancellation and tried to reach someone at the commission with the number provided but no one would answer the phone. I chose not to leave a message and assumed they would just revoke the authority. I was not provided with information to suspend this authority by electronically.

I would like to reserve the opportunity to reinstate the authority in the future if the occasion arrises. I currently have one truck leased to Hickory Hill Transport in order to service their present customers. If you are in need of further information, please feel free to contact me. Thank you.

New Holland Bulk Carriers  
Dale M. Edwards, Sr



President

RECEIVED

AUG 27 2014

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

# PERMANENT LEASE AGREEMENT (for 30 or more days)

§376.12

THIS AGREEMENT, made in triplicate this 4th day of MAY, year 2014 between

	Name	Address	City	State	Zip
LESSEE	HICKORY HILL TRANSPORT CO INC	7868 HICKORY HILL RD	OXFORD	PA	19363
LESSOR	NEW HOLLAND BULK SERVICES LLC	16 NEW STREET	NEW HOLLAND	PA	17557

IN WITNESS WHEREOF: It is mutually understood and agreed on this date that LESSOR does lease, let and hire to LESSEE and LESSEE does lease and rent from LESSOR the motor vehicle equipment hereinafter described in consideration of and subject to all the terms and conditions hereinafter provided, including all provisions on the reverse side hereof.

Name or trade name of MOTOR CARRIER OPERATING EQUIPMENT \_\_\_\_\_

US DOT number of LESSEE OF EQUIPMENT, if any 524512 ICC MC number of LESSEE OF EQUIPMENT, if any 264566

Equipment	Year	Make	Serial No.	License No.	State
Tractor	2015	KENWORTH	1XKWD4DX8FJ4233571	AF22542	PA
Trailer				AG26766	

LESSEE SHALL PAY LESSOR FOR EQUIPMENT as follows: \_\_\_\_\_ % of gross revenues; \_\_\_\_\_ cents per mile for \_\_\_\_\_ total miles; (other method of compensation used) \_\_\_\_\_ which  does  does not include driver services.

Term of Lease (must be 30 or more days): This lease shall commence on MAY month 4 day 2014 year, and terminate on \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

In consideration of foregoing, LESSEE agrees to pay within fifteen (15) days following return to it by LESSOR acceptable receipt evidencing clear delivery of property transported, driver logs, inspections and all required State and Federal documents and (other) \_\_\_\_\_

The following insurance is provided by LESSEE:  liability  property  cargo  bobtail  other \_\_\_\_\_

If LESSOR is to be charged by LESSEE for any of the above coverage, state amount in dollars and cents \$ \_\_\_\_\_

Escrow Funds: LESSOR  is  is not required to have an escrow fund or performance bond.

Should LESSEE require an escrow fund or performance bond, state amount required: \$ \_\_\_\_\_ and prepare documentation as explained on reverse side of lease and attach to all three copies of this lease.

The responsibility for loading and unloading shall be:  LESSEE  LESSOR; if lessor, LESSOR shall be paid \$ \_\_\_\_\_

RESPONSIBILITY OF EACH PARTY WITH RESPECT TO: (check applicable section)

Party	Cost of Fuel	Fuel/Mileage Taxes	Empty Mileage	Oversize Permits	Fuel/Mileage Permits	PSC Type Permits	Tolls/Ferries	Detention & Accessorial Services	Base Plates & Licenses
LESSEE									
LESSOR									

With regard to any unused portions of above stated items LESSEE  will  will not reimburse LESSOR except as follows \_\_\_\_\_

CHARGE BACK (items to be deducted) \_\_\_\_\_

Method of Computation \_\_\_\_\_

TRACTOR INSPECTION	Not Defective	Defective	Date Corrected	TRACTOR INSPECTION	Not Defective	Defective	Date Corrected	TRACTOR INSPECTION	Not Defective	Defective	Date Corrected	TRACTOR INSPECTION	Not Defective	Defective	Date Corrected
AIR COMPRESSOR				DEFROSTER				MIRRORS				TACHOGRAPH			
AIR LINES				DRIVE LINE				MUFFLER				TIRES			
BATTERY				ENGINE				OIL PRESSURE				TIRE CHAINS			
BODY				FIFTH WHEEL				RADIATOR				TRANSMISSION			
BRAKE ACCESSORIES				FRONT AXLE				REAR END				WHEELS - RIMS			
SERVICE BRAKES				FUEL TANKS				REFLECTORS				WINDOWS			
PARKING (HAND) BRAKES				GENERATOR				SAFETY EQUIPMENT				WINDSHIELD			
CARBURETOR				HEATER				SPRINGS				WIPERS			
CLUTCH				HORN				STARTER				DRIVE SHAFT			
				LIGHTS				STEERING				PROTECTION			
TRAILER INSPECTION	Not Defective	Defective	Date Corrected	TRAILER INSPECTION	Not Defective	Defective	Date Corrected	TRAILER INSPECTION	Not Defective	Defective	Date Corrected	TRAILER INSPECTION	Not Defective	Defective	Date Corrected
BRAKE CONNECTIONS				COUPLING DEVICE				LIGHTS - ALL				TIRES			
BRAKES				DOORS				ROOF				WHEELS - RIMS			
COUPLING CHAINS				HITCH				SPRINGS				OTHER			
				LANDING GEAR				TARPAULIN							

Remarks: \_\_\_\_\_

I hereby certify that on the below date, I carefully inspected the above and this is a true and correct report of the result of such inspection.  
 Signature of person making inspection Raymond E. Hunter Date MAY 4, 2014

**BEFORE SIGNING, READ BOTH SIDES OF THIS FORM.** This lease contains the following attachments (name them; if none, state none): None

In witness hereof the parties hereto have caused this agreement to be executed by their duly authorized agents the day and year first written above.

LESSEE SIGNATURE Raymond E. Hunter LESSOR SIGNATURE [Signature]

**LESSEE'S RECEIPT FOR LESSOR'S EQUIPMENT DESCRIBED ABOVE**

I hereby certify that on MAY 04, 2014 year, at \_\_\_\_\_ a.m. p.m. the above described equipment was placed into service of LESSEE and was received by Hickory Hill Transport Inc.

This section must be completed by LESSOR upon delivery. LESSOR'S RECEIPT FOR RETURN OF LEASED VEHICLE(S) FROM LESSEE

I hereby certify that on \_\_\_\_\_ year at \_\_\_\_\_ a.m. p.m. LESSEE's placards were \_\_\_\_\_

Lease No. \_\_\_\_\_  
  
Placard or Decal No. \_\_\_\_\_

FINANCIAL RESPONSIBILITY INSURANCE IDENTIFICATION CARD

(STATE) **Pennsylvania**

COMPANY NUMBER                      COMPANY                      CO. NAIC CODE  
**Eastern Atlantic Insurance Company    28649**

POLICY NUMBER                      EFFECTIVE DATE                      EXPIRATION DATE  
**TEA373983                      05/05/2014                      03/08/2015**

YEAR                      MAKE/MODEL                      VEHICLE IDENTIFICATION NUMBER  
**2015                      Kenworth .                      1XKWD40X8FJ423371**

AGENCY/COMPANY ISSUING CARD  
**HDH Erie Transportation  
2221A Peninsula Drive  
Erie, PA 16506**

INSURED

**Hickory Hill Transport Co Inc  
7868 Hickory Hill Road  
Oxford, PA 19383**

# 33351

SEE IMPORTANT NOTICE ON REVERSE SIDE

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 the required financial responsibility may have his registration suspended or revoked.

NOTE: THIS CARD IS REQUIRED WHEN:

- (a) You are involved in an auto accident.
- (b) You are convicted of a traffic offense other than a parking offense that requires a court appearance.
- (c) You are stopped for violating any provision of 75 Pa. C.S. (relating to the Vehicle Code) and requested to produce it by a police officer.

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.

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Expiration Date: Not Valid More Than One Year From Effective Date

ACORD 50 (1/83)

O ACORD CORPORATION 1993



U.S. Department of Transportation  
 Federal Motor Carrier Safety Administration  
**FMCSA Registration**

**Operating Authority (MC Number) Voluntary Revocation Confirmation**

DO NOT use your web browser buttons (Back, Forward, Refresh) while you are logged into FMCSA Registration.

**COMPANY INFORMATION**

US DOT# Docket #	Legal Name DBA Name	Business Address	Mailing Address
515012 MC-217762	NEW HOLLAND BULK CARRIERS, L.L.C.	16 NEW ST. NEW HOLLAND PENNSYLVANIA 17557	16 NEW ST. NEW HOLLAD PENNSYLVANIA 17557

**VOLUNTARY REVOCATION FACSIMILE** 

[Other Options](#)

**Congratulations!**

You have entered your request for Voluntary Revocation of Operating Authority (MC number) successfully.

A decision on the Revocation of Authority will be issued and mailed to you within 24 to 48 hours.

If you have any other questions about the voluntary revocation process and subsequent decision, please call the Commercial Enforcement Division at 202-385-2423 or 202-385-2424.

Federal Relay Service for TTY: 1-800-877-8339.

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<http://www.adobe.com/products/acrobat/readstep2.html> 

May 14, 2014

N.Hbc  
16 NEW ST  
New Holland PA  
17557

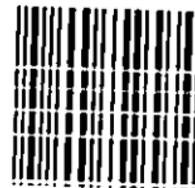
CERTIFIED MAIL



7013 3020 0001 9944 7103



1000



17105

U.S. POSTAGE  
PAID  
NEW HOLLAND, PA  
17557  
AUG 27, 14  
HMUN1

\$6.70  
00082047-04

RETURN RECEIPT  
REQUESTED

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

171053265

