



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

AMB

August 2, 1990

IN REPLY PLEASE
REFER TO OUR FILE

A. 00108714
Folder 3

James W. Maza, Esquire
114-120 East Broad Street
Souderton, PA 18964

Application of SANFORD ALDERFER ANTIQUE TRANSPORT, INC., t/d/b/a ATLANTIC
MOVING SERVICE

To Whom It May Concern:

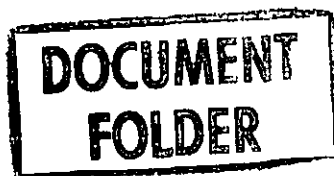
The records of the Commission show that applicant has complied
with the necessary tariff and insurance requirements.

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



EMD

Sanford Alderfer Antique Transport, Inc.
t/d/b/a ATLANTIC MOVING SERVICE
501 Fairgrounds Road
Hatfield, PA 19440

DOCKETED
OCT 02 1990

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

Sanford Alderfer Antique Transport, Inc.,
trading and doing business as
ATLANTIC MOVING SERVICE

CERTIFICATE
OF
PUBLIC CONVENIENCE

A. 00108714
Folder 3

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 2nd day of AUGUST, 1990.

PENNSYLVANIA
PUBLIC UTILITY COMMISSION

Attest:

DOCUMENT
FOLDER

DOCKETED
OCT 02 1990


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 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 your 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: **A-108714 F3**

4. Article Number **044443**

Type of Service:

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee
X Virginia B Capriole

8. Addressee's Address (ONLY if requested and fee paid)

6. Signature - Agent
X

7. Date of Delivery **AUG 6 1980**

A