



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

October 31, 1988

IN REPLY PLEASE  
REFER TO OUR FILE

A. 00107645

Harold E. Miller, Esquire  
Mellon Bank Building  
Altoona, PA 16601

Application of JAMES M. SIMONDALE, t/d/b/a JAMES M. SIMONDALE TRUCKING AND EXCAVATING

Dear Sir:

The Commission's records indicate that you have failed to comply with the necessary requirements of the Commission's order and cover letter which was sent to you on January 20, 1988. Specifically, you have failed to satisfy the requirements marked below:

- File a certificate of public liability and property damage insurance (Form E).  
and/or
- File a cargo insurance certificate in the amount of \$2500 per vehicle (Form UCPC-31) or a cargo waiver.
- File an acceptable tariff.

The grant of your application was expressly subject to the fulfilling of all of the three conditions within sixty (60) from January 20, 1988.

Since you have not complied with the marked requirement(s), your application for a contract carrier permit is hereby dismissed.

Since you do not have a contract carrier permit any operation as a motor carrier in intrastate commerce is a violation of the Public Utility Code, 66 Pa. C.S. s101 et seq, and will subject you to the penalties contained therein.

JAMES M. SIMONDALE, t/d/b/a  
JAMES M. SIMONDALE TRUCKING AND EXCAVATING  
RD. #4, Box 404D  
Tyrone, PA 16686

Very truly yours,

*Jerry Rich*  
Jerry Rich  
Secretary

**DOCUMENT  
FOLDER**

**DOCKETED**  
**NOV 10 1988**

EMD

cc: Applicant

1-15-88

Enforcement Section

**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 the name of the person delivered to and 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.  Restricted Delivery  
 (Extra charge) (Extra charge)

3. Article Addressed to: <i>A-107645</i>	4. Article Number <i>44769</i>
<i>James Simondale</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature - Addressee X <i>James Simondale</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <i>11-1-88</i>	

PS Form 3811, Mar. 1987

\* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

**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 the name of the person delivered to and 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.  Restricted Delivery  
 (Extra charge) (Extra charge)

3. Article Addressed to: <i>A-107645</i>	4. Article Number <i>44720</i>
<i>Harold E. Miller Esq</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature - Addressee X <i>Harold E. Miller Esq</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <i>11-2-88 47 5/8</i>	

PS Form 3811, Mar. 1987

\* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT