



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3285, HARRISBURG, Pa. 17120

KJR

October 9, 1991

IN REPLY PLEASE  
REFER TO OUR FILE

A. 00107793  
Folder 2

JOHN A PILLAR ESQUIRE  
SUITE 700  
312 BOULEVARD OF THE ALLIES  
PITTSBURGH PA 15222

Application of TRANS AMERICAN TRUCKING SERVICE, INC., a corp of the  
State of New Jersey

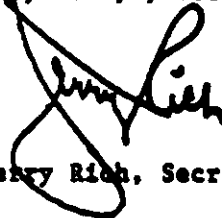
To Whom It May Concern:

The records of the Commission show that the 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.

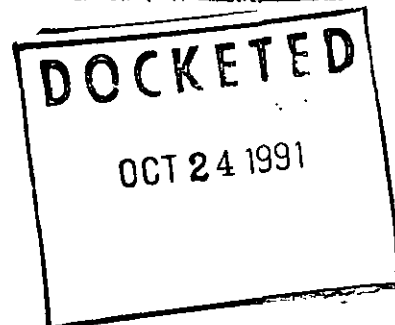
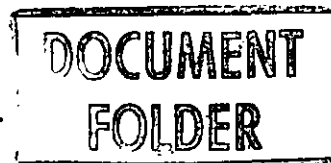
Very truly yours,



Jerry Rich, Secretary

EMD  
Enclosure  
Certified Mail

TRANS AMERICAN TRUCKING SERVICE, INC.  
c/o RICHARD ZINSER  
115 ST NICHOLAS AVENUE  
SOUTH PLAINSFIELD, NJ 07080



*PENNSYLVANIA*  
*PUBLIC UTILITY COMMISSION*

IN THE MATTER OF THE APPLICATION OF: A-00107793, Folder 2

TRANS AMERICAN TRUCKING SERVICE, INC., a  
corporation of the State of New Jersey

The Pennsylvania Public Utility Commission hereby certifies that after an investigation and/or hearing, it has, by its report and order made and entered, found and determined that the granting of the application is necessary or proper for the service, accomodation, convenience and safety of the public and hereby issues to the applicant this **CERTIFICATE OF PUBLIC CONVENIENCE** evidencing the Commission's approval of the right to operate as a common carrier.

*In Witness 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 9th day of OCTOBER, 1991.

DOCUMENT  
FOLDER

DOCKETED  
OCT 24 1991



Secretary

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, a, & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

A-00107793 F.2

TRANS AMERICAN TRKG. SVC., INC.,

4a. Article Number

044764

4b. Service Type

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

7. Date of Delivery

10/21

5. Signature (Addressee)

6. Signature (Agent)

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

AWL