



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

February 2, 1989

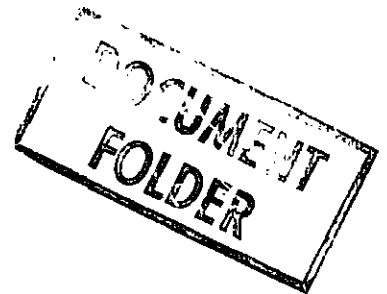
IN REPLY PLEASE  
REFER TO OUR FILE

A. 00108285

Arthur J. Diskin, Esquire  
1450 Two Chatham Center  
Pittsburgh, PA 15219

Application of ALLEGHENY VALLEY TRANSFER COMPANY

---



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  
Certified Mail

RECEIVED  
FEB 16 1989

ALLEGHENY VALLEY TRANSFER COMPANY  
1512 Lebanon Church Road  
Pittsburgh, PA 15122

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF

ALLEGHENY VALLEY TRANSFER COMPANY, a  
corporation of the Commonwealth of PA

CERTIFICATE  
OF  
PUBLIC CONVENIENCE

A. 00108285  
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.

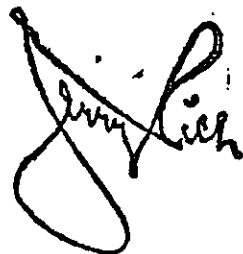
In Testimony Whereof, The PENNSYLVANIA PUBLIC UTILITY COMMISSION has caused these presents to be signed and sealed, and duly attested by its Secretary at its office in the city of Harrisburg this 2nd day of FEBRUARY, 19 89.

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

Attest:

DOCKETED  
FEB 16 1989

DOCUMENT  
FOLDER



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 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. 2.  Restricted Delivery  
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: <i>A-108285</i>	4. Article Number <b>44162</b>
<i>Arthur J. Diskin, 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
5. Signature - Addressee <i>X [Signature]</i>	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
6. Signature - Agent <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <b>FEB 06 1989</b>	