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OCT - 8 2014

Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
(717) 772-7777
www.puc.pa.gov

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

CONTINENTAL CONSTRUCTION & DEMOLITION, LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator, therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PA PUC Authority?** NO **Previous Authority?** NO

If yes, at PUC No. A- _____

4. **Are you a business entity registered with the PA Department of State?** ___ NO
If No, you must first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number 4007251
(see checklist and indicate type of business entity registered)

SEE NEXT PAGE

5. **Physical Address** (do not use post office box)

CONTINENTAL CONSTRUCTION + DEMOLITION, LLC.

LLC

RAYMOND BLAZE LAMBING - PRESIDENT
SOLE OWNER

5867 SOUTHAMPTON DRIVE
BETHEL PARK, PA. 15102-2321

5867 SOUTHAMPTON DRIVE
Street Address

BETHEL PARK, PA. 15102-2321
City, State and Zip Code

412-831-9834
Telephone Number

ALLEGHENY
County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

6. **Mailing Address** (if different from Physical Address)

Street Address

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Do you hold interstate operating authority?**

No Yes, at No. _____

9. **What type of commodities do you intend to transport?**

GARBAGE, EARTH, RUBBISH, STONE

44075

10. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

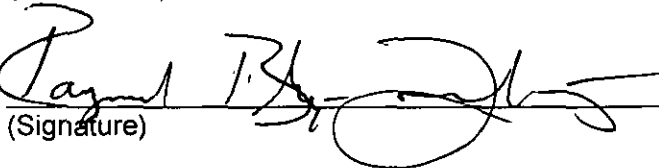
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

RAYMOND BLAZE LAMBING
 (Print Name)


 (Signature)

10-1-2014
 (Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

**CONTINENTAL CONSTRUCTION
& DEMOLITION, LLC**



Form A023 PA (03/11)

IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

TO REPORT A CLAIM

Call 1-800-274-4499 or go to claims.progressive.com.



KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD PENNSYLVANIA

Policy Number: 03311145-0 NAIC Number: 11770
 Effective Date: 10/07/2014 Expiration Date: 10/07/2015
 Policy Type: Commercial
NOT VALID FOR MORE THAN 1 YEAR FROM EFFECTIVE DATE
 Insurer: United Financial Casualty Company 1-800-444-4487
 P.O. BOX 94739 Cleveland, OH 44101

Named Insured(s):
 CONTINENTAL CONSTRUCTION
 & DEMOLITION, LLC
 5867 SOUTHAMPTON DR
 BETHEL PARK, PA 15102
 Year Make: Model VIN
 2005 Volvo VHD 4V5KC9GH85N377590
 Your Agent:
 SEUBERT & ASSOC INC 1-412-734-4900

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:

- (1) You are involved in an auto accident.
- (2) You are convicted of a traffic offense other than a parking offense that requires a court appearance.
- (3) You are stopped for violating any provision of 75 Pa.C.S. (relating to 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 a restoration of your operating privilege and/or registration privilege, which has been previously suspended or revoked.

IMPORTANT NOTICE: Regarding your Financial Responsibility Insurance Identification Card.

United Financial Casualty Company is required by Pennsylvania law to send you an I.D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

8505



EK3A0238191US

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE: 412-831-9834

5867 SOUTHAMPTON DRIVE
BETHEL PARK, PA, 15102

PAYMENT BY ACCOUNT: (If applicable)

DELIVERY OPTIONS: (Customer Use Only)

- SIGNATURE REQUIRED *Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COO service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.*
 - Delivery Options
 - No Saturday Delivery (delivered next business day)
 - Sunday/Holiday Delivery Required (additional fee, where available*)
 - 10:30 AM Delivery Required (additional fee, where available*)
- *Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) PHONE: 717-772-7777

SECRETARY PA PUBLIC UTILITY COMMISSION
400 NORTH STREET 2ND FLOOR
HARRISBURG, PA 17120

ZIP + 4® (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance included.

INTERNATIONAL USE
NO FOREIGN DESTINATIONS



**PRIORITY
* MAIL *
EXPRESS™**

ORIGIN (POSTAL SERVICE USE ONLY)

<input checked="" type="checkbox"/> 1-Day		<input type="checkbox"/> 2-Day		<input type="checkbox"/> Military		<input type="checkbox"/> DPO	
PO ZIP Code <u>15241</u>		Scheduled Delivery Date (MM/DD/YY) <u>10-09-14</u>		Postage <u>\$ 19.99</u>			
Date Accepted (MM/DD/YY) <u>10-08-14</u>		Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON		Insurance Fee \$		COD Fee \$	
Time Accepted <u>10:53</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		10:30 AM Delivery Fee \$		Return Receipt Fee \$		Live Animal Transportation Fee \$	
Weight <u>2.4</u> lbs.		<input type="checkbox"/> Flat Rate		Sunday/Holiday Premium Fee \$		Total Postage & Fees <u>\$ 19.99</u>	
		Acceptance Employment Training					

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.