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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)

M. D. Sleppy Construction, Inc.

- 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 564395
(see checklist and indicate type of business entity registered)

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

1013 Laurel Run Road
Street Address
Penn Run, PA 15765
City, State and Zip Code
724-254-3033 Indiana
Telephone Number 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)

1570 Springfield Road
Street Address
Penn Run, PA 15765
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?**

Equipment
machine parts

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.

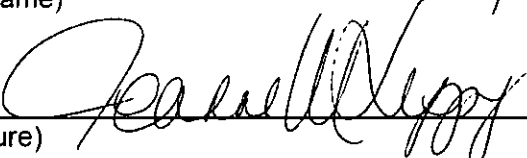
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue 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.

Joanne M. Steppy, President
(Print Name)


(Signature)

12/22/14
(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).



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Business Entity Filing History

Date: 12/22/2014 (Select the link above to view the Business Entity's Filing History)

Business Name History

Name	Name Type
M.D. Sleppy Construction, Inc.	Current Name

Business Corporation - Domestic - Information

Entity Number: 564395
Status: Active
Entity Creation Date: 12/5/2005
State of Business.: PA
Registered Office Address: 1570 Springfield Road
 Penn Run PA 15765
 Indiana
Mailing Address: No Address

Officers

Name: JOANNE M SLEPPY (*Shareholder 100%*)
Title: President
Address: 1570 SPRINGFIELD RD
 PENN RUN PA 15765-6517

Name: JOANNE M SLEPPY
Title: Secretary
Address: 1570 SPRINGFIELD RD
 PENN RUN PA 15765-6517

Name: JOANNE M SLEPPY
Title: Treasurer
Address: 1570 SPRINGFIELD RD
 PENN RUN PA 15765-6517

Name: DEREK M SLEPPY
Title: Vice President
Address: 1570 SPRINGFIELD RD
 PENN RUN PA 15765-6517

CERTIFIED MAIL

M.D. Sleppy Construction, Inc.
1570 Springfield Road
Penn Run, PA 15765

JOHNSTOWN PA 159



22 DEC 2014



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MAILED FROM ZIP CODE 15765

Secretary, PA Public Utility Commission
400 North Street, 2nd Floor
Harrisburg, Pennsylvania 17120

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