

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)

C&S HAULING 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?** Yes

If No, you must first register (see checklist)

If Yes, provide your **PA Corporation Bureau ID Entity Number** 4200295
(see checklist and indicate type of business entity registered) LLC

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

309 GOOSE HOLLOW ROAD

Street Address

ATHENS PA 18810

City, State and Zip Code

570-358-3512

Telephone Number

BRADFORD

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?**

ROAD MATERIALS

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.

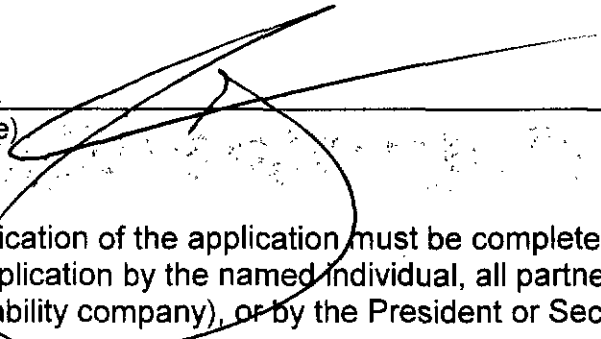
Verification of Application

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.

SCOTT SCHMECKENBECHER
(Print Name)

(Signature)



06/15/2015

(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).

C&S Hauling is a LLC Partnership.

The owners are

- 1 Scott Schmeckenbecher 309 Goose Hollow Road Athens Pa 18848 (member)
- 2 Connie Schmeckenbecher 309 Goose Hollow Road Athens Pa 18848 (member)



Corporations

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Business Entity Filing History

Date: 11/7/2014 (Select the link above to view the Business Entity's Filing History)

Business Name History

Name	Name Type
C & S HAULING LLC	Current Name

Limited Liability Company - Domestic - Information

Entity Number: 4200295
Status: Active
Entity Creation Date: 7/11/2013
State of Business.: PA
Registered Office Address: 309 Goose Hollow Rd
 Athens PA 18810
 Bradford
Mailing Address: No Address

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DUNN HENRY INC
P O BOX 109
TOWANDA, PA 16845



Named insured

Policy number: 02307825-1

Underwritten by:
United Financial Casualty Company
July 18, 2014
Policy Period: Jul 16, 2014 - Jul 16, 2015
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C & S HAULING LLC
309 GOOSE HOLLOW RD
ATHENS, PA 18810

progressiveagent.com

Online Service
Make payments, check billing activity, print policy documents, or check the status of a claim.

1-570-265-2118

DUNN HENRY INC
Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Renewal Declarations Page

Your coverage began on July 16, 2014 at 12:01 a.m. This policy expires on July 16, 2015 at 12:01 a.m.

This coverage summary of losses does not cover your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 5012 (06/10). The contract is modified by forms 2852PA (10/31/11), 1652PA (03/11), 2434 (02/11), 306290 (10/09), 1-38 (01/04), 4881PA (03/11), 4852PA (10/04) and Z228 (01/11).

The named insured organization type is a corporation.

COLLISION COVERAGE FOR RENTAL VEHICLES

IF THIS POLICY PROVIDES COLLISION COVERAGE ON A PRIVATE PASSENGER VEHICLE, IT WILL APPLY TO A PRIVATE PASSENGER VEHICLE YOU RENT IF THE RENTAL IS COVERED AS A "TEMPORARY SUBSTITUTE AUTO" AS PROVIDED FOR IN PART II OF THIS POLICY.

RECEIVED

FEB 5 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Richard M. Farley CPA
521 Main Street
Towanda, PA 18848

LEHIGH VALLEY PA 180

02 FEB 2015 PM 2 L



PA PUC
PO BOX 3265
Harrisburg PA

17105-3265

RECEIVED

FEB 5 2015

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SECRETARY'S BUREAU

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