

Secretary  
Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
(717) 772-7777

RECEIVED

Revised 12/1/13

FEB 12 2015

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)

**AIT EXPRES LLC**

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- 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)

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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 Entity ID Number** 4313678

(see checklist and indicate type of business entity registered)

## **General Information for Preparing and Filing the Application for Motor Carrier of Property.**

1. 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.
2. Upon approval of the application, you will be notified that before you can operate legally, you must submit evidence of insurance to the Commission. Your permanent evidence of insurance will be a **Form E for bodily injury and property damage and a Form H or Cargo Waiver for cargo insurance**. These forms must be submitted directly from the home office of your insurance carrier. The name and address on your insurance forms must exactly match the name and address provided on your application. If your insurance carrier subscribes to National Online Registries, Inc. (NOR at \_\_\_\_\_), you can ask your insurance carrier to file the required insurance forms electronically with NOR which will reach the Commission more quickly than mailed forms.

The minimum limits of insurance are:

Bodily Injury - \$300,000 per accident per vehicle to cover liability for bodily injury, death or property damage incurred. Insurance coverage of motor carriers of property shall meet the requirements of 75 PA C.S. Section 1711.

Cargo - \$5,000 for loss or damage to cargo being transported.

Cargo insurance may be waived if you meet any one of the following criteria:

1. All transportation will be provided in dump trucks.
2. All transportation will be limited to farm products, garbage, ashes, rubbish, coal debris, earth, crushed stone, amesite, and similar construction materials.
3. The value of any one load being transported will not be more than \$500 in value.

If applicant meets one of these three criteria, you may complete a Cargo Waiver available on the Commission's website at \_\_\_\_\_ under Online Forms.

## APPLICATION CHECKLIST Motor Common Carrier of Property

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless eFiled with the Commission's online eFiling system at )
- A certified check, money order, or check from your attorney for \$100 made payable to "Commonwealth of Pennsylvania;"
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation For Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

If not eFiled, mail your application and attachments to:

**Secretary, PA Public Utility Commission  
400 North Street, 2<sup>nd</sup> Floor  
Harrisburg, Pennsylvania 17120**

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at [www.padea.com](http://www.padea.com) on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

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

**8424 SAYLOR CT**

Street Address

**BREININGSVILLE PA 18031**

City, State and Zip Code

**732-575-2428**

Telephone Number

**LEHIGH**

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                        X   Yes, at No.   MC874019  

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

  DIRT, SAND, GRAVEL

**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.

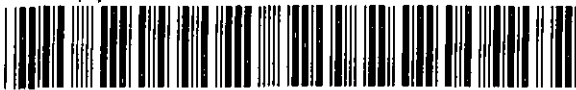
**ALI TURKER**

\_\_\_\_\_  
(Print Name)

  
\_\_\_\_\_  
(Signature)

**2/9/2015**  
\_\_\_\_\_  
(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).



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Addressee Copy

Label 11-B, March 2004

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PO ZIP Code 05016	Day of Delivery <input checked="" type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del Day	Postage \$ 11.15	
Date Accepted Mo. Day Year 12-15	Scheduled Date of Delivery Month Day 12-15	Return Receipt Fee \$	
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM 11:47	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$	Insurance Fee \$
Flat Rate <input type="checkbox"/> or Weight lbs. 3 ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 16.75	
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FROM: (PLEASE PRINT)

PHONE ( )

732.575.2428

AIR EXPRESS LLC  
8424 Saylor Ct  
Breinigsville PA 18031

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Delivery Attempt Mo. Day 11/15	Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Employee Signature [Signature]
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

CUSTOMER USE ONLY

**WAIVER OF SIGNATURE** (Domestic Mail Only)  
Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY

 Weekend Holiday

Mailing Signature

TO: (PLEASE PRINT)

PHONE ( )

Secretary, AT Utility Com.  
400 North St. 2nd Floor  
Harrisburg, PA

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

17120+1

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

PRESS HARD. YOU ARE MAKING 3 COPIES.