

## 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)

Shoemaker Trucking + Excavating, 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- 00118178

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 2961206  
(see checklist and indicate type of business entity registered)

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

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JUN - 3 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

1691 Kirkwood Pike  
Street Address

Kirkwood PA 17536  
City, State and Zip Code

717-529-4039 Telephone Number      Lancaster 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)

PO Box 46  
Street Address

Kirkwood PA 17536  
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. \_\_\_\_\_

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

Gravel, sand, excavation/Road construction materials,  
black top, Topsoil, fill dirt  
\_\_\_\_\_  
\_\_\_\_\_

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.

James M Shoemaker  
(Print Name)

James M Shoemaker 6-2-15  
(Signature) (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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Revised 12/1/13

**PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU**



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**Business Entity Filing History**

Date: 6/2/2015 (Select the link above to view the Business Entity's Filing History)

**Business Name History**

Name	Name Type
SHOEMAKER TRUCKING & EXCAVATING, INC.	Current Name

**Business Corporation - Domestic - Information**

**Entity Number:** 2961206  
**Status:** Active  
**Entity Creation Date:** 9/6/2000  
**State of Business.:** PA  
**Registered Office Address:** 1691 Kirkwood Pike  
 Kirkwood PA 17536  
 Lancaster  
**Mailing Address:** No Address

**Officers**

**Name:** JAMES M SHOEMAKER  
**Title:** President  
**Address:** PO BOX 46  
 KIRKWOOD PA 17536-0046

**Name:** JAMES M SHOEMAKER  
**Title:** Secretary  
**Address:** PO BOX 46  
 KIRKWOOD PA 17536-0046

**Name:** JAMES M SHOEMAKER  
**Title:** Treasurer  
**Address:** PO BOX 46  
 KIRKWOOD PA 17536-0046

**Name:** JAMES M SHOEMAKER  
**Title:** Vice President  
**Address:** PO BOX 46  
 KIRKWOOD PA 17536-0046

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PA PUBLIC UTILITY COMMISSION  
 SECRETARY'S BUREAU

*Shoemaker Trucking & Excavating, Inc.*

*1691 Kirkwood Pike*

*PO Box 46*

*Kirkwood, PA 17536*

Secretary, PA PUC  
400 North Street, 2<sup>nd</sup> Floor  
Harrisburg, PA 17120

**CUSTOMER USE ONLY**

FROM: (PLEASE PRINT)

PHONE ( )

Stelmov & Truching  
 PO Box 416  
 Kilaheo PA 17536

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 COD 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 ( )

Secretary of MUC  
 416 North Street 2nd Floor  
 Kilaheo PA 17536

ZIP + 4® (U.S. ADDRESSES ONLY)

17126

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

**UNITED STATES  
POSTAL SERVICE®****PRIORITY  
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<input checked="" type="checkbox"/> 1-Day		<input type="checkbox"/> 2-Day		<input type="checkbox"/> Military		<input type="checkbox"/> DPO	
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage					
17536	6-4-15	\$16.95					
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee				
6-3-15	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	\$	\$				
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee				
4:27 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	\$	\$	\$				
Weight	<input type="checkbox"/> Flat Rate	Sunday/Holiday Premium Fee	Total Postage & Fees				
0 lbs. 1.5 ozs.		\$	\$16.95				
		Acceptance Employee Initials					
		SEB					

**DELIVERY (POSTAL SERVICE USE ONLY)**

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

LABEL 11-B, JANUARY 2014

PSN 7690-02-000-9996

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