

electronically with NOR which will reach the Commission more quickly than mailed forms.

The minimum limits of insurance are:

Bodily Injury - The liability of the insurance company on each motor vehicle operated in common or contract carrier service shall be in amounts not less than \$300,000 per accident for a vehicle with a manufacturer's gross vehicle weight rating of 10,000 pounds or less, in the case of a single vehicle, or a manufacturer's gross combination weight rating of 10,000 pounds or less, in the case of an articulated vehicle. The liability of the insurance company on each motor vehicle operated in common or contract carrier service shall be in amounts not less than \$750,000 per accident for a vehicle with a manufacturer's gross vehicle weight rating over 10,000 pounds, in the case of a single vehicle, or a manufacturer's gross combination weight rating over 10,000 pounds, in the case of an articulated vehicle. 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 www.puc.pa.gov under Online Forms.

RECEIVED

JUL 21 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Revised 7/9/15

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

Revised 7/9/15

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)

WALLACE TRUCKING INC.

1 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.**

1 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.

2 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)

WALLACE TRUCKING INC.

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 1000649604

(see checklist and indicate type of business entity registered)

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

2054 RIDGE RD

Street Address

JEANNETTE PA 15644

City, State and Zip Code

724-832-3530

Telephone Number

WEST MORLAND

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)

SAME

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?

STONE, DIRT, DEMOLITION, SAND, AGGREGATES,
STEEL, STEEL PIPE, FABRICATIONS, STEEL BEAMS, PILING
ETC.

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.

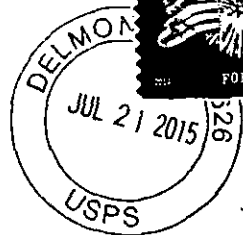
ROBERT A. WALLACE PRES.
(Print Name)

Robert Wallace Pres. 7-20-15
(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).

Revised 7/0/15

WALLACE TRUCKING INC
2054 RIDGE RD
JEANNETTE, PA 15644



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

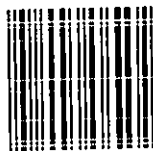
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maximum weight is 4 lbs.

LAB400R Aug. 2013
7690-17-000-0669

EP14H July 2013 Outer Dimension: 10 x 5