

Pennsylvania Public Utility Commission
Bureau of Transportation and Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834

2007 SEP -6 PM 3:30
SECTION OF TRANSPORTATION BUREAU

Application for Motor Common Carrier of Persons in Group and Party Service

Exclusively using vehicles with a seating capacity of more than 15
passengers, including the driver.

Please complete all parts of the following application. Incomplete applications will be
returned. All questions may be directed to the Bureau of Transportation & Safety at
(717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

B. H. P. H. INC.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

3. **Physical Address** (do not use PO Box)

R+ 309
Street Address

TAMAQUA PA. 18252
City, State and Zip Code

570-668-9050
Telephone Number

Schuylkill
County

4. **Mailing Address** (if different from Physical Address)

PO BOX 384
Street Address

TAMAQUA PA. 18252
City, State and Zip Code

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2007 SEP -7 PM 4:37

PUC GP
(Revised 12/05)

A-00112473, F.3

DOCKETED

SEP 10 2007

[Signature]
**DOCUMENT
FOLDER**

40

5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes No (circle one)

If yes, enter current docket number A-00 112473

7. Applicant will be operating vehicles with a seating capacity of:

15 to 28 passengers including the driver
(Requires carrier to maintain a minimum of \$1 million in liability insurance coverage. Checking this box will limit authority to providing service in vehicles having a seating capacity of no more that 28 passengers including the driver)

More than 28 passengers including the driver
(Requires carrier to maintain a minimum of \$5 million in liability insurance coverage)

8. **Form of Organization** (check one that applies to this application)

Individual

Partnership
(Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners)

Corporation, LLC or LLP
Attach a copy of the Certificate of Incorporation **or** Certificate of Authority **or** the foreign corporation registration. Include list of officers and titles.

9. **Attachment Checklist**

For Corporations, LLPs and LLCs Only:

Date-stamped copy of Certificate of Incorporation or Certificate of Authority, or Registration as Foreign entity.

List of corporate officers/titles, shareholders or members, and distribution of shares.
 Statement of corporate charter purpose.

For Partnerships Only:

Copy of Partnership Agreement, list of all partners or members.

For ALL Applicants:

Fictitious Trade Name Registration (if applicable).

Copy of Current Satisfactory Safety Rating issued by a state or federal agency.

Certified check, money order or attorney's check in amount of \$100.

10. **Certification**

Applicant certifies that it is not now engaged in any intrastate transportation of property 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.

You must sign the following application.

Verification of Application

I/we hereby state that the statements 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 E. SILVER
(Print Name)
Robert E. Silver sec. 9/04/07
(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) or by the President or Secretary (if a corporation).

B.H.P.H. Inc.
Car & Truck Rentals
Route 309, Box 384
Tamaqua, PA 18252

Phone: 570-668-9050
Fax: 570-668-5080

September 5, 2007

TO WHOM IT MIGHT CONCERN:

The following is a list of officers and the amount of ownership in B.H.P.H. Inc.

George F. Mermon	President/Treasurer	50 %
Robert E. Silver	Vice President/Secretary	50 %


Robert E. Silver
Vice President/Secretary

B.H.P.H. Inc.
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September 5, 2007

TO WHOM IT MIGHT CONCERN:

The statement of corporate charter purpose for B.H.P.H. Inc. is any lawful purpose in Pennsylvania.


Robert E. Silver
V. Pres./ Sec.

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE (Executed in triplicate)

Filed with **PENNSYLVANIA PUBLIC UTILITIES COMMISSION** (Name of Commission)

A-00112473
N37372

D82

This is to certify, that the **NATIONAL INDEMNITY COMPANY** (Name of Company)
(hereinafter called company) of **3024 HARNEY STREET OMAHA, NEBRASKA 68131** (Home Office Address of Company)

has issued to **B. H. P. H., INC.** (Name of Motor Carrier)
at **ROUTE 309 SOUTH TAMAQUA** (Address of Motor Carrier)

04-21-2007 PA 18252

a policy or policies of insurance effective from **12:01 a.m.** standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the uniform motor carrier bodily injury and property damage liability insurance endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the company agrees to furnish the commission a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the commission.

Counter-signed at **3024 HARNEY STREET OMAHA, NEBRASKA 68131**
this **02** day of **MAY** **2007**

Insurance Company File No. **70-APR206163** (Policy No.)

1,000,000 **CSL**
(Amount of Company Representative)

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provision of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).

MC 1633

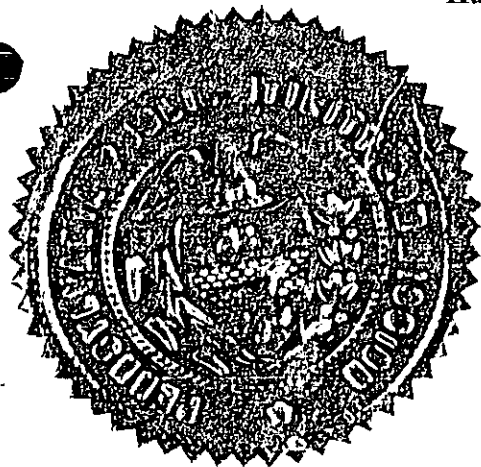
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN THE MATTER OF THE APPLICATION OF: A-00112473

BHPH, INC., a corporation of the Commonwealth of PA

The Pennsylvania Public Utility Commission hereby certifies that after an investigation and/or hearing, it has, by its report and order made and entered, found and determined that the granting of the application is necessary or proper for the service, accommodation, convenience and safety of the public and hereby issues to the applicant this **CERTIFICATE OF PUBLIC CONVENIENCE** evidencing the Commission's approval.

In Witness Whereof, The PENNSYLVANIA PUBLIC UTILITY COMMISSION has caused these presents to be signed and sealed, and duly attested by its Secretary at its office in the city of Harrisburg this 7th day of May, 1997.



Henry J. Clifford

Secretary

Macmillan, Arlene

From: amacmillan@state.pa.us
Sent: Thursday, September 06, 2007 3:19 PM
To: audbrown@state.pa.us; jminder@state.pa.us
Cc: amacmillan@state.pa.us; juperry@state.pa.us; wyohe@state.pa.us
Subject: Rep. McCall hand carry and expedite application for Robert Silver dba B.H.P.H., Inc. (A-00112473)

Importance: High

Audley and Jim:
Please expedite as requested below. Thank you.

ARLENE MACMILLAN

CORRESPONDENCE TRACK NO: 229

DATE CORRESPONDENCE RECEIVED: 9/6/2007

CALLER INFORMATION:
REP MCCALL

SENATOR / REPRESENTATIVE NAME:
MCCALL, KEITH R - Rep.

COMPANY NAME:
TRANSPORTATION

CONSTITUENT INFORMATION:
ROBERT SILVER
B.H.P.H., INC.
ROUTE 309, BOX 284
TAMAQUA, PA 18252
(H) PHONE: 570-668-9050

CORRESPONDECE DETAIL:

REP. KEITH R. MCCALL'S OFFICE HAND CARRIED APPLICATION FOR MOTOR COMMON CARRIER OF PERSONS IN GROUP AND PARTY SERVICE FOR CONSTITUENT ROBERT E. SILVER, VP, FOR B.H.P.H., INC.. REP. MCCALL IS REQUESTING WE EXPEDITE THE APPLICATION. HAND CARRYING APPLICATION, OFFICIAL CHECK FOR \$100., AND PROOF OF INSURANCE FORM E, TO SECRETARY'S BUREAU TO START PROCESS.



KEITH R. MCCALL
MEMBER, 122ND DISTRICT
HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA

*Please expedite.
Thank you.*

Minder, James

From: amacmillan@state.pa.us
Sent: Thursday, September 06, 2007 3:19 PM
To: audbrown@state.pa.us; jminder@state.pa.us
Cc: amacmillan@state.pa.us; juperry@state.pa.us; wyohe@state.pa.us
Subject: Rep. McCall hand carry and expedite application for Robert Silver dba B.H.P.H., Inc. (A-00112473)

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ENTRY NO.: 0001
NAME: BHPH, INC.
ADDRESS1: ROUTE 309 SOUTH, BOX 384
ADDRESS2:
CITY: TAMAQUA STATE: PA ZIP: 18252
REPRESENTING: SELF TYPE

ENTRY NO.:
NAME:
ADDRESS1:
ADDRESS2:
CITY: STATE: ZIP:
REPRESENTING: TYPE

ENTRY NO.:
NAME:
ADDRESS1:
ADDRESS2:
CITY: STATE: ZIP:
REPRESENTING: TYPE

RESPONDENT OR APPLICANT: BHPH, INC.
PARTY OR COMPLAINANT:

[CU25] [] [A-00112473] [F] [0003] [] [] PRINT- []

THIS IS THE LAST RECORD OF THIS CASE NUMBER

RCV | | FORM | | LTAI | | Col 4 | Row 24 | Page 2 | Terminal 1

407105223201 402881 NEW 01/07 8710000904

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

Harleysville
NATIONAL BANK

Official Check

Date: 9/05/07

721956762

10-86
220

Branch: 0038

PAY EXACTLY **100 AND 00/100 DOLLARS

TO THE ORDER OF *** COMMONWEALTH OF PENNSYLVANIA ***

\$100.00

A-00112473, F.3

MEMO: B.H.P.H. INC

Issued by Integrated Payment Systems Inc., Englewood, Colorado
To Citibank (New York State): Buffalo, NY

Sub. P. H. Inc.

AUTHORIZED SIGNATURE

DRAWER: HARLEYSVILLE NATIONAL BANK AND TRUST COMPANY



PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

The addressee named here has paid the PA P.U.C. for the following bill:

DATE: 9/11/2007
RECEIPT NO: 206225

BHPH, INC.
ROUTE 309 SOUTH, BOX 384
TAMAQUA PA 18252

IN RE: Application fees for BHPH, INC.

Docket Number A-00112473F0003..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: OC 721956762
CHECK AMOUNT: \$100.00

Michael Sobolesky
(for Department of Revenue)

**DOCUMENT
FOLDER**

DOCKETED
SEP 12 2007

RJP