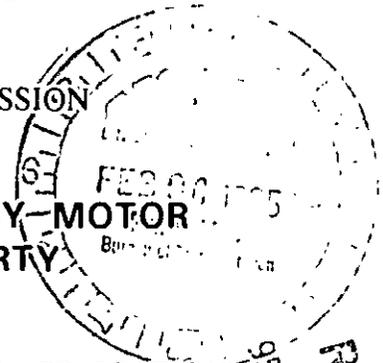


BEFORE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR  
COMMON CARRIERS OF PROPERTY



RECEIVED  
95 FEB - 3 AM 10:10  
PA. P. U. C. DIV.  
OFF. OF CONTROL

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

<b>For PUC Use Only</b>
Docket No. <u>A-00112773</u>
Folder No. _____ <u>701030</u>

1. ELMER DEAN YOCUM  
(Full and correct name in which you intend to operate)

2. \_\_\_\_\_  
(Trade name, if any)

The trade name, if fictitious, \_\_\_\_\_ been registered with the Secretary of  
(has or has not)

the Commonwealth on \_\_\_\_\_ (attach copy of date-stamped registration  
(Date) form).

3. R.D.#2 Box 212, PETERSBURG 814-669-4215  
(Physical Address) (Telephone No.)

HUNTINGDON, PA. 16669  
(City) (County) (State) (Zip)

4. \_\_\_\_\_  
(Mailing Address; if different)

\_\_\_\_\_  
(City) (County) (State)

<b>DOCKETED</b>
<b>APPLICATION DOCKET</b>
<b>FEB 7 1995</b>
(Zip)
ENTRY No. _____

DOCUMENT  
FOLDER

5. Applicant DOES NOT hold ICC authority under Docket No. \_\_\_\_\_  
(does or does not)

6. Applicant \_\_\_\_\_ have a current safety rating issued by \_\_\_\_\_  
(does or does not)

(attach copy).

7. Approximate number of commercial vehicles to be operated intrastate:

owned 1 leased \_\_\_\_\_

8. Applicant is (check one):

**Individual**

**Partnership.** Attach copy of partnership agreement and list names and addresses of all partners below (use additional sheet if necessary).

(Name)	(Address)

**Corporation.** Organized under the laws of the State of \_\_\_\_\_ and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on \_\_\_\_\_ (Attach date-stamped copy of application for Certificate of Incorporation or Authority). Include as an attachment a list of corporate officers and their titles and the names, addresses and number of shares held by each stockholder.

9. Attach the following, as appropriate (check those attached):

Partnership Agreement.

Date-stamped copy of Fictitious Trade Name registration certificate.

Date-stamped copy of Application for Certificate of Incorporation or Certificate of Authority.

Copy of a current safety rating issued by a state or federal agency.

List of corporate officers and stockholders and distribution of shares.

Proof of Insurance.

10. Certification

- a. 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 the transportation for which approval is herein sought unless and until authorization for such transportation is received.
- b. Applicant certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance, and will be able to comply with them; and acknowledges that failure to abide by the requirements of the Commission as they relate to safety and insurance may result in civil penalties, suspension or cancellation of the certificate.
- c. Applicant certifies that it understands that it is subject to an annual assessment based upon its gross intrastate operating revenues to help pay expenses incurred by the PUC in regulating motor common carriers of property; and acknowledges that failure to file the annual assessment report and timely satisfy the assessment may result in civil penalties, suspension or cancellation of the certificate

# VERIFICATION OF APPLICATION

I/We hereby state that the statements made in the application are true and correct to the best of my/our knowledge, information belief.

The undersigned understand(s) that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

ELMER DEAN YOCUM - *Elmer Dean Yocum* 1-26-95  
(Print Name) (Signature) (Date)

---

(Print Name) (Signature) (Date)

---

(Print Name) (Signature) (Date)

This section must be completed by the applicant appearing on Line 1, if an individual; by all partners, if a partnership; or by the President or Secretary if a corporation).

Producer JACK M. SHUCK AGENCY,  
427 WASHINGTON STREET  
HUNTINGDON  
PA 16652-  
(814)643-3020 Ext

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

Insured  
ELMER DEAN YOCUM  
RD 2, BOX 212

PETERSBURG PA 16669  
- - ext. - - ext.

COMPANIES AFFORDING COVERAGE

Company Letter A UNITED STATES FIDELITY & GUARANTY CO.  
Company Letter B  
Company Letter C  
Company Letter D  
Company Letter E

COVERAGES This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Limits shown may have been reduced by paid claims.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE mm/dd/yy	POLICY EXP. DATE mm/dd/yy	LIMITS
	GENERAL LIABILITY [ ] Commercial G.L. [ ] Cms-Made [ ] Occur. [ ] Owner's/Cont's Prot. [ ] [ ]		- -	- -	General Aggregate \$ 0 Prod-Comp/Operations Agg. \$ 0 Personal/Adv. Injury \$ 0 Each Occurrence \$ 0 Fire Damage (Any 1 fire) \$ 0 Med Exp (Any 1 person) \$ 0
X	AUTOMOBILE LIABILITY [ ] Any Auto [ ] All Owned Autos [X] Scheduled Autos [X] Hired Autos [X] Non-Owned Autos [ ] Garage Liability [ ]	1CP30019712800	05-06-94	05-06-95	Combined Single Limit \$1000000 Bodily Injury (Per person) \$ 0 Bodily Injury (Per accident) \$ 0 Property Damage \$ 0
	EXCESS LIABILITY [ ] Umbrella Form [ ] Other Than Umbrella		- -	- -	Each Occurrence \$ 0 Aggregate \$ 0
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY		- -	- -	[ ] Statutory Limits Each Accident \$ 0 Disease-Policy Limit \$ 0 Disease-Each Employee \$ 0
	OTHER		- -	- -	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

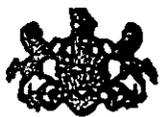
CERTIFICATE HOLDER  
BUREAU OF TRANSPORTATION & SAFETY  
MOTOR CARRIER ENFORCEMENT DIVISION  
PO BOX 3265  
HARRISBURG, PA 17105-3265

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative:

*Andrew D. Capron*

Jack M. Shuck Agency, Inc.



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE  
REFER TO OUR FILE

February 17, 1995

Elmer Dean Yocum  
R. D. #2, Box 212  
Petersburg, PA 16669

In re: A-00111773 - Elmer Dean Yocum

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of February 18, 1995.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before March 13, 1995. If comments are filed, you will be advised as to the procedure.

Yours truly,

Peter S. Marzolf, Supervisor  
Application Review Section  
Bureau of Transportation & Safety

PSM:rp

cc: Document Folder

DOCUMENT  
FOLDER

<b>DOCKETED</b> <b>APPLICATION DOCKET</b> FEB 13 1995 ENTRY No. <i>SM</i>
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