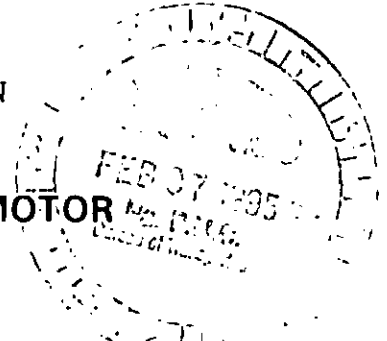


BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
CARRIERS OF PROPERTY



(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

<p>For PUC Use Only</p> <p>Docket No. <u>A 00111787</u> <u>701041</u></p>
--

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PA. P. U. C.
INFO. CONTROL DIV.

1. ALCREST TRUCKING, INC.
(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. <u>47 WEST MAIN STREET</u> (Physical Address)	<u>(908) 879-5815</u> (Telephone No.)
<u>CHESTER, MORRIS</u> (City) (County)	<u>PA 07930</u> (State) (Zip)

4. DOCU IEN FOLDER
(Mailing Address, if different)

<p>DOCKETED APPLICATION DOCKET</p> <p>FEB 7 1995</p> <p>ENTRY No. _____</p>

5. Applicant DOES hold ICC authority under Docket No. MC-241113
(does or does not)

6. Applicant DOES have a current safety rating issued by US DOT
FED. HWY. ADM.
(does or does not)

(attach copy).

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

owned 6 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 New Jersey and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on Jan 25, 1995 (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 transportation of property for compensation 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.

- c. Applicant certifies that it understands that it is subject to an annual assessment based upon its gross intrastate operating revenues to help pay the expenses incurred by the PUC in regulating motor carriers of property.

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.

MICHAEL HARDIMAN . PRES .  _____
(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).

9501756

JAN 25 1995

Microfilm Number _____

Filed with the Department of State on _____

Entity Number 2618568

Joette Kunda

ACTING Secretary of the Commonwealth

APPLICATION FOR CERTIFICATE OF AUTHORITY

DSCB:15-4124/6124 (Rev 90)

Indicate type of corporation (check one):

Foreign Business Corporation (15 Pa.C.S. § 4124)

Foreign Nonprofit Corporation (15 Pa.C.S. § 6124)

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INFO. CONTROL

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned association hereby states that:

1. The name of the corporation is: ALCREST TRUCKING, INC.

2. The name which the corporation adopts for use in this Commonwealth is (complete only when the corporation must adopt a corporate designator for use in Pennsylvania):

3. (If the name set forth in paragraph 1 or 2 is not available for use in this Commonwealth, complete the following):

The fictitious name which the corporation adopts for use in transacting business in this Commonwealth is:

The corporation shall do business in Pennsylvania **only** under such fictitious name pursuant to the attached resolution of the board of directors under the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) and the attached form DSCB:54-311 (Application for Registration of Fictitious Name).

4. The name of the jurisdiction under the laws of which the corporation is incorporated is:

NEW JERSEY

5. The address of its principal office under the laws of the jurisdiction in which it is incorporated is:

47 WEST MAIN ST., CHESTER, NJ 07930 MORRIS

Number and Street

City

State

Zip

County

950 1757

6. The (a) address of this corporation's proposed registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) <u>KEVIN F. HORSCH</u>	<u>ELKERT, SEARMAN, OMERIN + MELLOWT</u>	<u>PA</u>	<u>19103</u>	<u>PHILADELPHIA</u>
Number and Street	City	State	Zip	County

(b) c/o: _____
 Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

7. (Check one of the following):

(Business corporation): The corporation is a corporation incorporated for a purpose or purposes involving pecuniary profit, incidental or otherwise..

(Nonprofit corporation): The corporation is a corporation incorporated for a purpose or purposes not involving pecuniary profit, incidental or otherwise.

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Application for a Certificate of Authority to be signed by a duly authorized officer thereof this 16th day of January, 19 95.

AVCREST TRUCKING, INC.

(Name of Corporation)

BY:

[Signature]

(Signature)

TITLE:

PRESIDENT



U.S. Department
of Transportation
**Federal Highway
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

NOVEMBER 07, 1991

IN REPLY REFER TO:
YOUR USDOT NO.: 365242
REVIEW NO.: 00118034

ALCREST TRUCKING INC
104 MOUNTAIN AVENUE
HACKETTSTOWN, NJ 07840

GENTLEMEN:

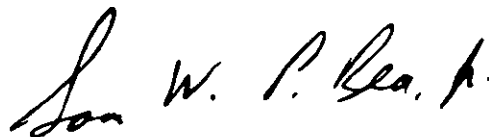
THE MOTOR CARRIER SAFETY RATING FOR YOUR COMPANY IS:

SATISFACTORY

THIS SATISFACTORY RATING IS THE RESULT OF A OCT 01, 1991, REVIEW AND EVALUATION. A SATISFACTORY RATING INDICATES THAT YOUR COMPANY HAS ADEQUATE SAFETY MANAGEMENT CONTROLS IN PLACE TO EFFECT SUBSTANTIAL COMPLIANCE WITH THE FEDERAL MOTOR CARRIER SAFETY AND/OR HAZARDOUS MATERIALS REGULATIONS:

ALL PARTS OF THE REGULATIONS WERE CONSIDERED SATISFACTORY

PLEASE ASSURE YOURSELF THAT ANY SPECIFIC DEFICIENCIES IDENTIFIED IN THE REVIEW REPORT HAVE BEEN CORRECTED. WE APPRECIATE YOUR EFFORTS TOWARD PROMOTING MOTOR CARRIER SAFETY THROUGHOUT YOUR COMPANY. IF YOU HAVE QUESTIONS OR REQUIRE FURTHER INFORMATION, PLEASE CONTACT THE SAFETY SPECIALIST WHO CONDUCTED THE REVIEW.



SAM W. P. REA, JR.
CHIEF, FEDERAL PROGRAMS DIVISION

- SEE MESSAGE ON BACK -

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P.A. P. U. C. DIV.
INFO. CONTROL DIV.

** NOTE **

EFFECTIVE JANUARY 1, 1991, AS REQUIRED BY THE MOTOR CARRIER SAFETY ACT OF 1990 (PUBLIC LAW 101-500), THOSE MOTOR CARRIERS RECEIVING AN "UNSATISFACTORY" SAFETY RATING, ISSUED BY THE FEDERAL HIGHWAY ADMINISTRATION, ARE PROHIBITED FROM TRANSPORTING PLACARDABLE QUANTITIES OF HAZARDOUS MATERIALS, OR FOR HIRE TRANSPORTATION OF MORE THAN 15 PASSENGERS, INCLUDING THE DRIVER, IN INTERSTATE COMMERCE. THIS PROHIBITION WILL BEGIN 45 DAYS AFTER THE EFFECTIVE DATE OF AN "UNSATISFACTORY" SAFETY RATING, OR RECEIPT OF THE "UNSATISFACTORY" SAFETY RATING LETTER, WHICHEVER IS LATER.

Commonwealth of Pennsylvania
Pennsylvania Public Utilities Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

Re: Attachment to PUC Application
for Authority -

Item 8 - List of Stockholders:

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Shares</u>
Michael Hardiman - Pres.		6 Madison Drive Flanders, NJ 07836	50 Shares
Virginia Hardiman - Sect.		55 Alcrest Avenue Budd Lake, NJ 07828	25 Shares
Vincent Hardiman - Tres.		55 Alcrest Avenue Budd Lake, NJ 07828	25 Shares

ACORD. CERTIFICATE OF INSURANCE

CSR:GM ISSUE DATE (MM/DD/YY)
ALCRE-1 06/01/94

PRODUCER
van den Heuvel & Fountain, Inc
P.O. Box 962, 12 Maple Ave.
Branchville NJ 07826-

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.

Rhea C. Fountain III
201-948-3200

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** SELECTIVE WAY INS CO
- COMPANY LETTER **B** SELECTIVE INS CO OF AMERICA
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

ALCREST TRUCKING INC
MICHAEL HARDIMAN
47 WEST MAIN STREET
CHESTER NJ 07930

COVERAGES
THIS IS TO CERTIFY THAT THE 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 EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT.	S-1223002	06/29/94	06/29/95	GENERAL AGGREGATE \$ 200000 PRODUCTS-COMP/OP AGG. \$ 200000 PERSONAL & ADV. INJURY \$ 100000 EACH OCCURRENCE \$ 100000 FIRE DAMAGE (Any one fire) \$ 50000 MED. EXPENSE (Any one person) \$ 5000
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS GARAGE LIABILITY	S-1223002	06/29/94	06/29/95	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC-31075	06/20/94	06/20/95	X STATUTORY LIMITS EACH ACCIDENT \$ 100000 DISEASE—POLICY LIMIT \$ 500000 DISEASE—EACH EMPLOYEE \$ 100000
B	OTHER MOTOR TRUCK CARGO	S-1223002	06/29/94	06/29/95	100,000
B	TRAILER INTERCHANG	S-1223002	06/29/94	06/29/95	PHYS DAM 20,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
TRUCKERS

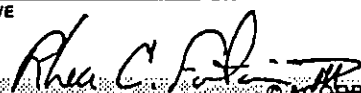
CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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.
van den Heuvel and Fountain, Inc.

AUTHORIZED REPRESENTATIVE

Rhea C. Fountain III





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

Alcrest trucking, Inc.
47 West Main Street
Chester, NJ 07930

In re: A-00111787 - Alcrest Trucking, Inc.

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

