

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only	
Docket No.	<u>A-11790</u>
Folder No.	<u>761044</u>

DOCUMENT
FOLDER

1. ✓ DAVID J SHIMKO
(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. ✓ BOX 15 RD NICKTOWN PA 15762 814-948-7120
(Physical Address) (Telephone No.)

NICKTOWN CAMBRIA PA 15762
(City) (County) (State) (Zip)

4. _____
(Mailing Address; if different)

_____ (City) (County) (State) (Zip)

DOCKETED	
APPLICATION DOCKET	
FEB 7	1995
(Zip)	
ENTRY No.	<u>get</u>

5. Applicant DOES hold ICC authority under Docket No. MC 258224
(does or does not)

6. Applicant DOES have a current safety rating issued by FED HIGHWAY ADMINISTRATIO
(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.

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

1/30/95amw

PRODUCER

Interstate Insurance Management, Inc.
2307 Menoher Boulevard
Johnstown, PA 15905

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.

COMPANIES AFFORDING COVERAGE

COMPANY

A LINCOLN GENERAL INSURANCE COMPANY

COMPANY

B

COMPANY

C

COMPANY

D

INSURED

David J. Shimko
P.O. Box 15
Nicktown, PA 15762

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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONT PROT				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PAP200519-1194	11/4/94	11/4/95	COMBINED SINGLE LIMIT \$ 1,000,000. BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
A	OTHER Motor Cargo	SPF 13725 0195	1/6/95	1/6/96	\$25,000 limit 1,000 ded. All Risk form subject to policy exclusions

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

1992 Freightliner Tractor, Ser.#1FUYDXYB8NH531468
1993 Great Dane Trailer, Ser.#46601

CERTIFICATE HOLDER

Pennsylvania P.U.C.
P.O. 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 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.

AUTHORIZED REPRESENTATIVE

Catherine B. Sushler



U.S. Department
of Transportation

**Federal Highway
Administration**

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

APRIL 25, 1991

IN REPLY REFER TO:
YOUR USDOT NO.: 339044
REVIEW NO.: 00104256

DAVID J. SHIMKO
BOX 15 RD
NICKTOWN, PA 15762

GENTLEMEN:

THE MOTOR CARRIER SAFETY RATING FOR YOUR COMPANY IS:

SATISFACTORY

THIS SATISFACTORY RATING IS THE RESULT OF A FEB 12, 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. THE REVIEW INDICATED, HOWEVER, THAT ADDITIONAL EFFORT IS NEEDED REGARDING THE FOLLOWING PORTIONS OF THE REGULATIONS:

PART 387 - FINANCIAL RESPONSIBILITY

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

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.

DAVID J SHIMKO *David J Shimko* 1-28-95
(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).

10. Certification

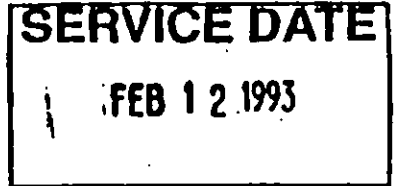
- a. Applicant certifies that it is not now engaged in any intrastate transportation of property for compensation between points in Pennsylvania and will not engage in the transportation for which approval is herein sought unless and until authorization for such transportation is received.
- b. Applicant 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

INTERSTATE COMMERCE COMMISSION

CERTIFICATE

No. MC 258224 (Sub-No. 0-C)

DAVID J. SHIMKO
NICKTOWN, PA



This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier by motor vehicle.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043); the designation of agents upon whom process may be served (49 CFR 1044); and tariffs or schedules (49 CFR 1312). The carrier shall also render reasonably continuous and adequate service to the public. Failure to meet these conditions will constitute sufficient grounds for the suspension, change, or revocation of this authority.

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

For common carriers with irregular route authority: Any irregular route authority authorized in this Certificate may not be tacked or joined with your other irregular route authority unless joinder is specifically authorized.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

(SEAL)

SIDNEY L. STRICKLAND, JR.
Secretary

NOTE: If there are any discrepancies regarding this document, please notify the Commission within 30 days.

To operate as a common carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except hazardous materials, household goods, and commodities in bulk), between points in the U.S. (except AK and HI).

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

INSTRUCTIONS TO BE FOLLOWED IN PREPARING APPLICATION

No Application will be Accepted from a Minor

1. This application is to be used for authority to transport property for compensation, except household goods in use, between points in Pennsylvania. All applications will be considered for authority to operate as common carriers.
2. The original application signed at the place designated and one copy of same must be filed at the office of the Pennsylvania Public Utility Commission, P. O. Box 3265, Harrisburg, Pa. 17105-3265. A filing fee of One Hundred Dollars (\$100.00) is required and shall be paid by certified check or money order, made payable to the **Commonwealth of Pennsylvania**. The filing fee is non-refundable after the application has been received and accepted by the Commission.
3. All corporate names and fictitious trade names must be registered with the Pa. Department of State. A Certificate of Incorporation is issued to a Pa. Corporation - a Certificate of Authority is issued to a non-Pa. (foreign) corporation. Call the Department of State at (717) 787-1057 for more information.
4. If space provided on form is not sufficient, prepare on separate sheet, attach it to application and give it the same number as question or statement to which it refers.
5. Procedure. All acceptable applications will be noticed in the Pennsylvania Bulletin with a 14 day public comment period. If no adverse comments are received, a compliance order will be issued. If adverse comments are received, the application may be referred to an Administrative Law Judge for hearing and initial decision. If adverse comments are filed and the matter is not referred for hearing, the application will be decided by the Commissioners at Public Meeting. In no event will an application be denied based upon adverse safety comments without the opportunity for a hearing on those issues being provided. It is not required that applicant be represented by an attorney to file the application. However, a corporation or partnership must be represented by an attorney at a hearing.
6. Prior to beginning operations, you must submit acceptable evidence of insurance to the PUC. Acceptable evidence of insurance is a **Form E** for bodily injury and property damage liability coverage (\$300,000 minimum) and a **Form H** for cargo liability coverage (\$5,000 minimum). These forms are forwarded to the PUC by your insurance company and must reflect the exact name and address appearing on lines 1 and 3 (or 4) of the application.
7. Recognizing that your insurer may delay filing the necessary forms, you may file temporary proof of insurance to begin operations. Acceptable temporary proofs of insurance are:
 - A copy of the insurance identification card (for vehicles registered in Pennsylvania only);
 - A copy of the declaration page of the insurance policy;
 - A copy of a valid binder of insurance; or
 - A copy of a valid application for insurance to the Pennsylvania Automobile Insurance Plan.

8. Enclose with your application a copy of a current safety rating issued by a state or federal agency. If you cannot provide the PUC with proof of a current safety rating from the U.S. DOT or another state with safety regulations comparable to Pennsylvania, you must complete a safety fitness review conducted by a Commission Enforcement Officer.

Within 180 days after the entry date of a compliance order granting you operating authority, an Enforcement Officer will contact you to schedule this review. If it is determined that your safety rating is unsatisfactory, you will be directed to correct any deficiencies found and be subjected to a second safety fitness review to be scheduled within 60 days after the initial notification date. Failure to achieve a satisfactory rating at the second review will result in immediate suspension of your certificate and continued non-compliance may result in revocation of the certificate.

NOTE: INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE FOR FILING AND WILL BE RETURNED. IF YOU NEED HELP, CALL 717-787-3834.



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

IN REPLY PLEASE
REFER TO OUR FILE

February 17, 1995

David J. Shimko
Box 15, R. D.
Nicktown, PA 15762

In re: A-00111790 - David J. Shimko

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. 6

Yours truly,

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

PSM:rp

cc: Document Folder

DOCUMENT
FOLDER

