

T2

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED

APPLICATION FOR TRANSPORTATION BY MOTOR
CARRIERS OF PROPERTY

95 JUN 19 AM 9:49
PA. P. U. C.
INFO. CONTROL DIV.

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only	701442
Docket No.	A-112273

DOCUMENT
FOLDER

DOCKETED
APPLICATION DOCKET
JUL 3 1995
EXHIBIT No. T2

RECEIVED
JUN 20 1995
Pa. P.U.C.
Bureau of Transportation

1. O'Brien's Rent-All & Sales, 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. 2640 Market Street 304/233-6266
(Physical Address) (Telephone No.)

Wheeling Ohio WV 26003
(City) (County) (State) (Zip)

4. P.O. Box 6682
(Mailing Address; if different)

Wheeling, Ohio 26003
(City) (County) (Zip)

A-112273

WV DOCUMENT
FOLDER

23

5. Applicant does hold ICC authority under Docket No. ICC MC# 270225
(does or does not)

6. Applicant does have a current safety rating issued by US DOT/FHA
(does or does not)

(attach copy).

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

owned 3 leased 1

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 West Virginia and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on March 3, 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

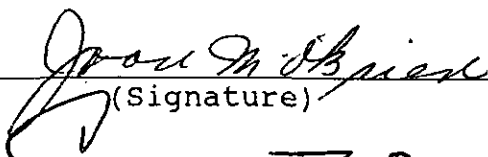
- a. Applicant certifies that it is not now engaged in any transportation of property for compensation in Pennsylvania and will not engage in the transportation for which approval is herein sought unless and until authorization for such transportation is received.
- b. Applicant certifies that it understands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

William P. O'Brien
(Print Name)  (Signature) 6/30/95 (Date)

Joan M. O'Brien
(Print Name)  (Signature) 6/30/95 (Date)

Sean P. O'Brien
(Print Name)  (Signature) 6/30/95 (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).

Microfilm Number _____

Filed with the Department of State on _____

Entity Number _____

For the Record RECEIVED

ACTING Secretary of the Commonwealth

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

APPLICATION FOR CERTIFICATE OF AUTHORITY

DSCB:15-4124/6124 (Rev 90)

Indicate type of corporation (check one):

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

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

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: O'Brien's Rent-All & Sales, Inc.

2. The name which the corporation adopts for use in this Commonwealth is (complete only when the corporation must use 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:

Wheeling (Ohio County), WV

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

2640 Market Street	Wheeling	WV	26003	Ohio
Number and Street	City	State	Zip	County

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)	Number and Street	City	State	Zip	County
(b) c/o:	Gregory S. Edwards Trucking	268 Fraction Road,	West Finley, PA	15377	Washington
	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 24th day of January, 19 96.

O'Brien's Rent-All & Sales, Inc.

(Name of Corporation)

BY:

[Signature]

(Signature)

TITLE: Secretary/Treasurer



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

RECEIVED

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

95 JUN 19 AM 9:50

FEBRUARY 15, 1995

FA. P. U. C.
INFO. CONTROL ONLY REFER TO:
YOUR USDOT NO.: 541228
REVIEW NO.: 00176140/CR

O'BRIEN'S RENT ALL & SALES INC
P O BOX 6682
WHEELING WV 26003

DEAR MOTOR CARRIER:

THE MOTOR CARRIER SAFETY RATING FOR YOUR COMPANY IS:

SATISFACTORY

THIS SATISFACTORY RATING IS THE RESULT OF A JAN 26, 1995, 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.

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.

RONALD G. ASHBY
CHIEF, FEDERAL PROGRAMS DIVISION

- SEE MESSAGE ON BACK -

O'Brien's Rent-All & Sales, Inc.
Corporate Officers

William P. O'Brien, President
RR 4, Box 151
Wheeling, WV 26003

Joan M. O'Brien, Vice-President
RR 4, Box 151
Wheeling, WV 26003

Sean P. O'Brien, Sec/Treasurer
RD 4, Box 114
Wheeling, WV 26003

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
6/30/95

PRODUCER
Acordia of WV-Wheeling
1140 Chapline Street
PO Box 430
Wheeling, WV 26003-9936
304-232-0600

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 LETTER **A** U. S. F. & G.
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED
O'Brien's Rent-All & Sales, Inc.
2640 Market Street
Wheeling WV 26003

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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	1MP30114489900/000058	6/25/95	6/25/96	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					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	1MP30114489900/000058	6/25/95	6/25/96	COMBINED SINGLE LIMIT \$ 100000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	1MP30114489900/000058	6/25/95	6/25/96	EACH OCCURRENCE \$ 100000
					AGGREGATE \$ 100000
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	STATE FUND-WV 1MP30114489900/000058	6/25/95	6/25/96	STATUTORY LIMITS
					EACH ACCIDENT \$ 50000
					DISEASE-POLICY LIMIT \$ 50000
					DISEASE-EACH EMPLOYEE \$ 50000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY
COMMISSION
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
Mark A. Sporn 074586000



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

IN REPLY PLEASE
REFER TO OUR FILE

June 23, 1995

O'Brien's Rent-All & Sales, Inc.
P O Box 6682
Wheeling, WV 26003

Gentlemen,

I am returning your certified check #022227 and the application for motor carrier authority as the application is unsigned. Please complete the verification page and return the application to my attention.

If you have questions please contact me direct by telephoning 717-783-5946.

Very truly yours,

Tim Zeigler
Bureau of Transportation and Safety



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

IN REPLY PLEASE
REFER TO OUR FILE

July 14, 1995

O'BRIENS RENT ALL & SALES INC
PO BOX 6682
WHEELING WV 26003

In re: A-00112273 - Application of O'Brien's Rent-All & Sales, Inc.

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of July 8 1995.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before July 24, 1995. If comments are filed, you will be advised as to the procedure.

You are not yet authorized to provide intrastate service. You will receive notification when you may begin.

Very truly yours,

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

PSM:lg

