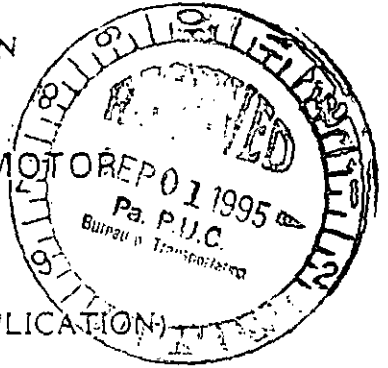


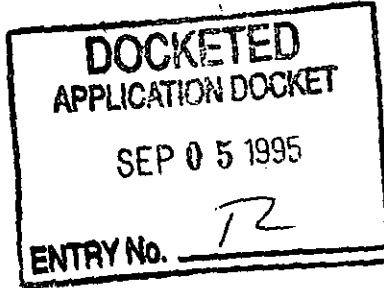
BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR VEHICLES
COMMON CARRIERS OF PROPERTY



(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only 701551
Docket No. _____
Folder No. _____



RECEIVED
95 AUG 31 AM 9:08
PA. P.U.C.
INFO. CONTROL DIV.

1. LANE'S CRANE SERVICE COMPANY
(Full and correct name in which you intend to operate)

X. _____
(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).

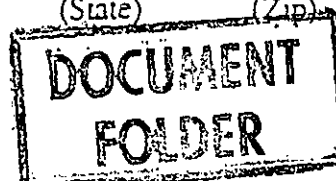
3. 1003 SPRING BROOK AVE 717-452-7314
(Physical Address) (Telephone No.)

MooSic LACKAWANNA PA 18507
(City) (County) (State) (Zip)

X. _____
(Mailing Address; if different)

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

A-112426



3
A

5. Applicant Does Not hold ICC authority under Docket No. _____
(does or does not)

6. Applicant Does Not have a current safety rating issued by _____
(does or does not)

(attach copy).

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

owned 8 leased 0

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 Pennsylvania and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on Pennsylvania (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.

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.

GREG LOVE [Signature] 8-19-95 SECRETARY - JOHNSON
(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

ACORD. INSURANCE BINDER

ISSUE DATE (MM/DD/YY)
8/16/95

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER	COMPANY	BINDER NO.
JOYCE, JACKMAN & BELL 9 NORTH MAIN STREET PO BOX 490 PITTSBURGH PA 15201	OHIO CASUALTY	1674
DATE	EFFECTIVE	TIME
4/14/95	12:01	X AM
		PM
		EXPIRATION DATE
		4/14/96
		TIME
		X 12:01 AM
		NOON

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

COMMERCIAL AUTOMOBILE POLICY

INSURED

LANE'S CRANE SERVICE COMPANY
1003 SPRINGBROOK AVENUE
MOOSIC PA 18507

COVERAGES LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINSUR.
PROPERTY CAUSES OF LOSS				
BASIC BROAD SPEC.				

GENERAL LIABILITY		GENERAL AGGREGATE	\$
COMMERCIAL GENERAL LIABILITY		PRODUCTS — COMP/OP AGG.	\$
CLAIMS MADE OCCUR		PERSONAL & ADV. INJURY	\$
OWNER'S & CONTRACTOR'S PROT.		EACH OCCURRENCE	
		FIRE DAMAGE (Any one fire)	\$
		MED. EXPENSE (Any one person)	\$
	RETRO DATE FOR CLAIMS MADE:		

AUTOMOBILE LIABILITY		COMBINED SINGLE LIMIT	\$ 1,000,000
X ANY AUTO		BODILY INJURY (Per person)	\$
ALL OWNED AUTOS		BODILY INJURY (Per accident)	\$
SCHEDULED AUTOS		PROPERTY DAMAGE	\$
X HIRED AUTOS		MEDICAL PAYMENTS	\$
X NON-OWNED AUTOS		PERSONAL INJURY PROT.	\$
GARAGE LIABILITY		UNINSURED MOTORIST	\$ 50,000
			\$

AUTO PHYSICAL DAMAGE	DEDUCTIBLE	ALL VEHICLES	SCHEDULED VEHICLES	ACTUAL CASH VALUE
COLLISION:				STATED AMOUNT
OTHER THAN COL:				OTHER

EXCESS LIABILITY		EACH OCCURRENCE	\$
UMBRELLA FORM		AGGREGATE	\$
OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	SELF-INSURED RETENTION	\$

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		STATUTORY LIMITS	
		EACH ACCIDENT	\$
		DISEASE-POLICY LIMIT	\$
		DISEASE-EACH EMPLOYEE	\$

SPECIAL CONDITIONS/OTHER COVERAGES

NAME & ADDRESS

MORTGAGEE ADDITIONAL INSURED

LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE

Richard R. Moran

ACORD. INSURANCE BINDER

ISSUE DATE (MM/DD/YY)

8/16/95

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER	COMPANY	BINDER NO.
JOYCE, JACKMAN & BELL	WM. H. MCGEE & CO., INC.	1675
9 NORTH MAIN STREET		
PO BOX 490	DATE EFFECTIVE TIME	DATE EXPIRATION TIME
PITTSTON PA 18640	4/14/95 12:01 X	AM 4/14/96 X 12:01 AM
		PM NOON

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

INSURED

LANE'S CRANE SERVICE COMPANY
1003 SPRINGBROOK AVENUE
MOOSIC PA 18507

COMMERCIAL INLAND MARINE POLICY

COVERAGES LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINSUR.
PROPERTY CAUSES OF LOSS				
BASIC BROAD SPEC.				
GENERAL LIABILITY		GENERAL AGGREGATE	\$	
COMMERCIAL GENERAL LIABILITY		PRODUCTS - COMP/OP AGG.	\$	
CLAIMS MADE OCCUR		PERSONAL & ADV. INJURY	\$	
OWNER'S & CONTRACTOR'S PROT.		EACH OCCURRENCE		
		FIRE DAMAGE (Any one fire)	\$	
		MED. EXPENSE (Any one person)	\$	
	RETRO DATE FOR CLAIMS MADE:			
AUTOMOBILE LIABILITY		COMBINED SINGLE LIMIT	\$	
ANY AUTO		BODILY INJURY (Per person)	\$	
ALL OWNED AUTOS		BODILY INJURY (Per accident)	\$	
SCHEDULED AUTOS		PROPERTY DAMAGE	\$	
HIRED AUTOS		MEDICAL PAYMENTS	\$	
NON-OWNED AUTOS		PERSONAL INJURY PROT.	\$	
GARAGE LIABILITY		UNINSURED MOTORIST	\$	
			\$	
AUTO PHYSICAL DAMAGE	DEDUCTIBLE ALL VEHICLES SCHEDULED VEHICLES	ACTUAL CASH VALUE		
COLLISION:		STATED AMOUNT	\$	
OTHER THAN COL:		OTHER		
EXCESS LIABILITY		EACH OCCURRENCE	\$	
UMBRELLA FORM		AGGREGATE	\$	
OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	SELF-INSURED RETENTION	\$	
		STATUTORY LIMITS		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		EACH ACCIDENT	\$	
		DISEASE-POLICY LIMIT	\$	
		DISEASE-EACH EMPLOYEE	\$	

SPECIAL CONDITIONS/OTHER COVERAGES

CARGO LIMIT = \$50,000

NAME & ADDRESS

MORTGAGEE ADDITIONAL INSURED

LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE

Richard R. Moran

ACORD CORPORATION 1990

85380274

Commonwealth of Pennsylvania

Department of State



CERTIFICATE OF INCORPORATION

Office of the Secretary of the Commonwealth
To All to Whom These Presents Shall Come, Greeting:

Whereas, Under the provisions of the Laws of the Commonwealth, the Secretary of the Commonwealth is authorized and required to issue a "Certificate of Incorporation" evidencing the incorporation of an entity.

Whereas, The stipulations and conditions of the Law have been fully complied with by

LANE'S CRANE SERVICE COMPANY

Therefore, Know Ye, That subject to the Constitution of this Commonwealth, and under the authority of the Laws thereof, I do by these presents, which I have caused to be sealed with the Great Seal of the Commonwealth, declare and certify the creation, erection and incorporation of the above in deed and in law by the name chosen hereinbefore specified.

Such corporation shall have and enjoy and shall be subject to all the powers, duties, requirements, and restrictions, specified and enjoined in and by the applicable laws of this Commonwealth.

Given under my Hand and the Great Seal of the Commonwealth,
at the City of Harrisburg, this 14th day
of May In the year of our
Lord one thousand nine hundred and eighty-five
and of the Commonwealth the two hundred ninth



William L. Davis

Secretary of the Commonwealth



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

IN REPLY PLEASE
REFER TO OUR FILE

September 15, 1995

LANES CRANE SERVICE COMPANY
1003 SPRING BROOK AVENUE
MOOSIC PA 18507

In re: A-00112426 - Application of Lane's Crane Service Company

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of September 16, 1995.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before October 2, 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

