



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

IN REPLY PLEASE
REFER TO OUR FILE

February 24, 1995

TIMOTHY JOHN RAUP
RR 2 BOX 131
WINFIELD PA 17889

In re: Application of Timothy John Raup

Dear Sir:

Enclosed is the above-captioned application and check no. 3718. This application is being returned because the application fee was not paid by certified check or money order, as stated in item no. 2 of the instruction sheet. Please submit the application with payment in proper form.

Very truly yours,

Gale E. Travitz
Application Review Section
Bureau of Transportation & Safety

GET:lg

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

RETURNED CHECK T-75

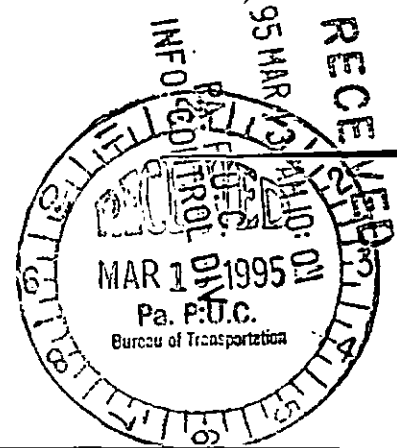
BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY



(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only	
Docket No.	<u>A-11923</u>
Folder No.	<u>u.c. 701154</u>



1. Timothy John Raup
(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.R. 2 Box 131 (717) 522-0143
(Physical Address) (Telephone No.)

Winfield Union PA 17889
(City) (County) (State) (Zip)

4. _____
(Mailing Address; if different)

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

DOCKETED
APPLICATION DOCKET
MAR 1 5 1995
ENTRY No. got

5. Applicant _____ hold ICC authority under Dock 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. See back sheet SPOKE to Keener thru P.U.

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

Insurance information is now in process thru Meixell-Deihl Insurance Company, in Lewisburg, Pa. Proof of Insurance & binders c/cn are sent as soon as needed.

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.

Timothy J Raup Timothy J Raup 2-21-95
(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

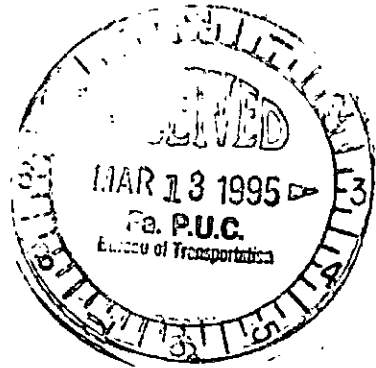
This section must be completed by the applicant appearing on Line 1, if an individual; by all partners, if a partnership; or by the President or Secretary if a corporation).



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PENNSYLVANIA PUBLIC UTILITY COMMISSION
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February 24, 1995



TIMOTHY JOHN RAUP
RR 2 BOX 131
WINFIELD PA 17889

RECEIVED
95 MAR 13 AM 10:01
PA. P. U. C.
INFO. CONTROL DIV.

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Very truly yours,

Gale E. Travitz
Application Review Section
Bureau of Transportation & Safety

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Please find enclosed a money order for the place of the check. Sorry I over-looked item # 2. Thank you

DOCUMENT FOLDER *Loretta Raup*



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

IN REPLY PLEASE
REFER TO OUR FILE

March 30, 1995

■
TIMOTHY JOHN RAUP
RR 2 BOX 131
WINFIELD PA 17889
■

In re: A-00111923 Application of - Timothy John Raup

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of April 1, 1995.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before April 17, 1995. If comments are filed, you will be advised as to the procedure.

Very truly yours,

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

PSM:lg

