

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION
COMMON CARRIERS

BY MOTOR VEHICLE
95 DEG - 9 AM 10:10

JAN 08 1997 RECEIVED
PROTHONOTARY'S OFFICE

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only

Docket No. 702308
A-00113655

Folder No. _____

DOCKETED
APPLICATION DOCKET
JAN 10 REC'D

ENTRY No. [Signature]

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08 09 95

000027

1. Paul R. Maranchick
(Full and correct name in which you intend to operate)

2. Maranchick Brothers Transportation, Ltd.
(Trade name, if any)

The trade name, if fictitious, N/A been registered with the Secretary of
(has or has not)

the Commonwealth on N/A (attach copy of date stamped registration
(Date) form).

3. 1805 Lakeside Drive 814/456-6959
(Physical Address) (Telephone No.)

<u>Erie</u>	<u>Erie</u>	<u>PA</u>	<u>16511</u>
(City)	(County)	(State)	(Zip)

4. _____
(Mailing Address; if different)

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

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5. Applicant does hold ICC authority under Docket No. MC-306383
 (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 1 leased _____

3. 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.

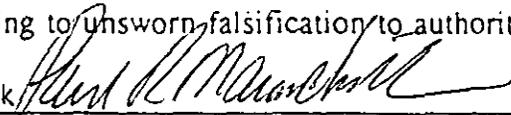
10. Certification

- 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.

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.

Paul R. Maranchick  1/15/96

(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).

UNIFORM PRINTING & SUPPLY, INC. 917000

MOTOR CARRIER AUTOMOBILE BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Received: filed (in Triplicate) with: INTERSTATE COMMERCE COMMISSION INSURANCE BRANCH WASHINGTON, D.C. 20423 I.C.C. DOCKET NO. MC 306383 (or FF) Approved by OMB 3120-0103

This is to certify, that the GREAT WEST CASUALTY COMPANY (hereinafter called Company) of P.O. BOX 277, SO SIOUX CITY, NE 68776 has issued to PAUL R. MARANCHICK DBA MARANCHICK BROS. TRANSPORTATION LTD. of 1805 LAKESIDE DR., ERIE, PA 16511

insurance under terms described on the back of this form, to provide coverage, as follows: CHECK AS APPLICABLE: Full Security Limits Required in Title 49 of the Code of Federal Regulations: Under Section 1043.2(b)(1) Under Section 1043.2(b)(2) Security Limits Required under Section 1043.2(b)(1) or 1043.2(b)(2) of the same Title as follows: This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident. This insurance is excess and the company shall not be liable for amounts in excess of \$ for each accident: in excess of the underlying limit of \$ for each accident.

Effective from JULY 24, 1996 (12:01 a.m., standard time at the address of the Insured as stated in said policy or policies) and continuing until cancelled as provided in the rules and regulations under Section 10927 of Title 49 of the United States Code. Signed at 1901 LIBERTY DR., BOX 4555, BLOOMINGTON, IN 47402 Date SEPT 4, 1996

Insurance Company Policy No. CLP69752A GREAT WEST CASUALTY COMPANY Signature of Authorized Company Representative

Form D.M.C. 91X (Rev. 1982)

D R I V E R I N F O R M A T I O N

PAUL RICHARD MARANCHICK
1805 LAKESIDE DR
ERIE, PA 16511

QBK:#0# MARANCHECK BROTHERS NC LP 20
STATE: PENNSYLVANIA
LICENSE:15545086

DOB:12/04/51 SOC/SEC SEX:M HGT: WT: EYES: HAIR:
REQUESTED AS/ALSO KNOWN AS: MARANCHECK

D R I V E R L I C E N S E I N F O R M A T I O N

CLASS ISSUED EXPIRES STATUS RESTRICTIONS
CDL A* 11/22/93 12/31/97 VALID

M I S C E L L A N E O U S / S T A T E S P E C I F I C I N F O R M A T I O N

THREE YEAR DRIVING RECORD, LICENSE TYPE:REG LICENSE
CDL ENDRS CODE:T=DOUBLE/TRIPLE VEH,X=TANK W/HAZARDOUS
NO VIOLATIONS OR DEPARTMENTAL ACTIONS DURING THIS REPORTING PERIOD
NO MEDICALS OR DEPARTMENTAL ACTIONS DURING THIS REPORTING PERIOD
NO ACCIDENTS DURING THIS REPORTING PERIOD
CDL CLASS:CDL A=VEH > 26000 GVWR, TOWED UNIT > 10001 GVWR

D R I V I N G R E C O R D I N F O R M A T I O N

TYPE V/S-DATE C/R-DATE DESCRIPTION V/C-CODE PTS
MVR RECORD CLEAR

DAC RPT#:248- 33 DAC ACCT#: 3606-452 DAC REF#: 3GN452EWBPMTNONE
DMV DATE:09/03/96 DMV ACCT#:DAC

WARNING: Unauthorized use or
misuse of data may result in adverse
and/or criminal prosecution.

MAJ. 0 MIN. 0
AGE 44 COMM. LIC. A
ACTION Accr
DATE 9/4/96 BY [Signature]



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

IN REPLY PLEASE
REFER TO OUR FILE

January 24, 1997

PAUL R MARANCHICK
T A MARANCHICK BROTHERS TRANSPORTATION
1805 LAKESIDE DRIVE
ERIE PA 16511

In re: A-00113655 - Application of Paul R. Maranchick, t/d/b/a maranchick
Brothers Transportation

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of January 25, 1997.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before February 10, 1997.

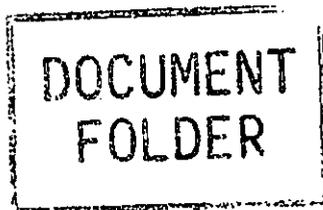
If comments are filed, you will be advised as to the procedure.

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



PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

The addressee named here has paid the PA P.U.C. for the following bill:

PAUL R MARANCHICK
T/A MARANCHICK BROTHERS TRANSP
1805 LAKESIDE DR
ERIE, PA 16511

DATE 1/28/97
RECEIPT # 192721

In re: Application fees for MARANCHICK BROTHERS TRANSP
A-00113655.....\$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: 254211
CHECK AMOUNT: \$ 100.00

C. Joseph Meisinger
(for Department of Revenue)

JAF

PROTHONOTARY'S OFFICE
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