



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

FEBRUARY 21, 1997

IN REPLY PLEASE  
REFER TO OUR FILE

A-00113656

DAVID C TRAINER  
147 ROCK STREET  
LEHIGHTON PA 18235

DOCKETED

FEB 21 1997

25

Re: Application of David C. Trainer, 147 Rock Street, Lehighton,  
Carbon County, PA 18235, 610-377-3592

Dear Sir:

Your application has been reviewed and published in the  
Pennsylvania Bulletin. No comments have been received; Therefore,

RECEIVED  
97 FEB 21 11:14  
PROHIBITION DIVISION'S OFFICE

**YOU ARE ADVISED THAT:**

A certificate of public convenience will be issued.

**UPON THE FILING OF PERMANENT PROOF OF INSURANCE:**

JAF

a. Form E, evidence of bodily injury and  
property damage liability insurance.

and

b. Form H, evidence of cargo liability  
insurance; or a cargo waiver

You are granted authority to operate as follows.

To transport, as a motor common  
carrier, property, excluding household  
goods in use, between points in  
Pennsylvania.

**FAILURE TO FILE THE ABOVE REQUIRED EVIDENCE OF INSURANCE WITHIN SIXTY  
(60) DAYS OF THE DATE OF THIS LETTER CAN RESULT IN THE DISMISSAL OF  
THE APPLICATION AND REQUIRE THE FILING OF A NEW APPLICATION AND  
FILING FEE.**

DOCUMENT  
FOLDER

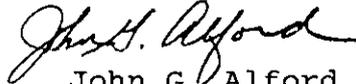
You may want to operate prior to filing permanent proof of insurance. Temporary proof of insurance consists of two elements. Since you have filed acceptable temporary proof of bodily injury and property damage insurance, you need to file:

For cargo insurance (submit one)

- a. A copy of the declaration page of the insurance policy; **or**
- b. A copy of a valid binder of insurance; **or**
- c. A copy of a cargo waiver

If you have not previously submitted a copy of current satisfactory safety rating from the U.S. Department of Transportation or another state with safety regulations comparable to Pennsylvania, you must demonstrate safety fitness by completing a Safety Fitness Review which will be scheduled by a PUC enforcement officer within 180 days of the date this letter is entered. You will receive a separate letter on this subject. **Failure to submit to the Safety Fitness Review will result in dismissal of your application.**

Very truly yours,

  
John G. Alford  
Secretary

cc: Document folder

Contact: Insurance - (717-783-5933)  
Safety - (717-772-2254)