

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

000113

For PUC Use Only	
Docket No.	<u>A-113667</u>
Folder No.	_____

RECEIVED

JAN 14 1997

BUREAU OF
TRANSPORTATION & SAFETY

RECEIVED
JAN 10 PM 1:52
HONORARY'S OFFICE

1. RICHARD D. BECHER
(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. S APPLEGATE LANE 717-788-5925
(Physical Address) (Telephone No.)

DRUMS LUZURNE PA 19222
(City) (County) (State) (Zip)

4. _____
(Mailing Address, if different)

DOCKETED

APPLICATION DOCKET

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

**DOCUMENT
FOLDER**

JAN 21 1997
(State) (Zip)

ENTRY No. [Signature]

66

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 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

(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.

RICHARD D. BECHER Richard D. Becher 1-8-97
(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).

Policy Number: 052 766930 01/02
 Policy Effective Date: Jan. 2, 1997

Your Agent: Rennel W Rodarmel (717) 326-6645

COVERAGE FOR VEHICLE # 2

1989 Mazda

COVERAGE	LIMITS		DEDUCTIBLE	PREMIUM
Automobile Liability Insurance -- Limited Tort				
• Bodily Injury	\$100,000	each person	Not Applicable	\$40.00
	\$300,000	each occurrence		
• Property Damage	\$100,000	each occurrence	Not Applicable	\$30.00
Medical Expenses	\$10,000	each person	Not Applicable	\$22.00
Funeral Expenses	\$2,500	each person	Not Applicable	\$0.50
Income Loss				
Each person up to	\$5,000	maximum benefit	Not Applicable	\$4.00
Subject to	\$1,000	monthly maximum		
Accidental Death	\$10,000	each person	Not Applicable	\$2.10
Uninsured Motorists Insurance Limited Tort / Stacked Limits	\$15,000 \$30,000	each person each accident	Not Applicable	\$8.80
Underinsured Motorists Insurance Limited Tort / Stacked Limits	\$15,000 \$30,000	each person each accident	Not Applicable	\$6.60
Auto Collision Insurance	Actual Cash Value		\$500	\$55.00
Auto Comprehensive Insurance	Actual Cash Value		\$50	\$26.00
Total Premium for 89 Mazda				\$195.00

DISCOUNTS

Your premium for this vehicle reflects the following discounts:

Multiple Car	\$39.00	Allstate Advantage	\$43.00
Utility Car	\$20.00		

RATING INFORMATION

This vehicle is driven over 7,500 miles per year, business use, with no unmarried driver under 25, good driver rate



Allstate Insurance Company

Policy Number: 0 52 766930 01/02

Your Agent: Rennel W Rodarmal (717) 326-6645

Policy Effective Date: Jan. 2, 1997

Your Policy Documents

Your auto policy consists of this Policy Declarations and the documents listed below. Please keep these together.

- Pennsylvania Auto Insurance Policy form AU137-2

- Loss Payable Clause Endorsement form AU166

- Amendment of Policy Provisions form AU2308

- Amendment of Policy Provisions form AU1900-3

Important Payment and Coverage Information

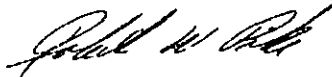
The laws of the Commonwealth of Pennsylvania, as enacted by the General Assembly, only require that you purchase Liability and First Party Medical Benefit Coverages. Any additional coverages or coverages in excess of the limits required by law are provided only at your request as enhancements to basic coverages. Premium amounts listed below for each vehicle reflect basic coverages Bodily Injury Liability \$15,000/person \$30,000/occurrence, Property Damage Liability \$5,000/occurrence, and Medical Expenses \$5,000/occurrence.

Coverage Description	95 Chevrolet Van	00 Mazda
Bodily Injury Liability	\$20.00	\$22.00
Property Damage Liability	\$24.00	\$27.00
Medical Expenses	\$17.00	\$18.00
Total Premium By Vehicle	\$61.00	\$67.00
Total Comparison Premium	\$128.00	

These coverage limits and amounts are for comparison only.

Please note: This is not a request for payment. Your bill will be mailed separately.

IN WITNESS WHEREOF, Allstate has caused this policy to be signed by its Secretary and its President at Northbrook, Illinois, and if required by state law, this policy shall not be binding unless countersigned on the Policy Declarations by an authorized agent of Allstate.



Secretary



President, Personal Lines



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

IN REPLY PLEASE
REFER TO OUR FILE

January 31, 1997

RICHARD D BECHER
5 APPLGATE LANE
DRUMS PA 18222

In re: A-00113667 - Application of Richard D. Becher

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of February 1, 1997.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before February 18, 1997.

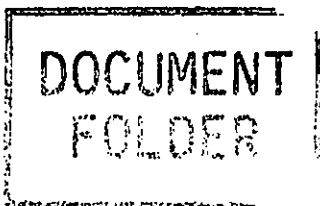
If comments are filed, you will be advised as to the procedure.

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:

RICHARD D BECHER
5 APPLGATE LANE
DRUMS, PA 18222

DATE 1/28/97
RECEIPT # 192707

In re: Application fees for RICHARD D BECHER
A-00113667.....\$.100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: 30501515
CHECK AMOUNT: \$ 100.00

C. Joseph Meisinger
(for Department of Revenue)

JAF

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JAN 31 1997

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