



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

IN REPLY PLEASE
REFER TO OUR FILE

MARCH 3, 1997

A-00113691

MEADOWBROOK TRUCKING INC
74 MEADOW DRIVE
MERTZTOWN PA 19539

JAF

DOCKETED

MAR - 3 1997

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Re: Application of Meadowbrook Trucking, Inc., 74 Meadow Drive,
Mertztown, PA 19539, Berks County, 1-610-682-1030

Gentlemen:

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

YOU ARE ADVISED THAT:

A certificate of public convenience will be issued.

UPON THE FILING OF PERMANENT PROOF OF INSURANCE:

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

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.

DOCUMENT
FOLDER

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.


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 cargo insurance, you need to file:

For bodily injury and property damage (BIPD) only (submit one)

- a. A copy of the insurance identification card for vehicles registered in Pennsylvania; **or**
- b. A copy of the declaration page of the insurance policy; **or**
- c. A copy of a valid binder of insurance; **or**
- d. A copy of valid application for insurance to the Pennsylvania Automobile Insurance Plan.

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

THOMAS W DEVINE
1607 SURREY LANE
HAVERTOWN PA 19083-2514

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