

# TRANSPORTATION CONSULTANT SERVICES, INC.

THOMAS W. DEVINE  
REGISTERED FHWA PRACTITIONER

1607 SURREY LANE HAVERTOWN, PA 19083-2514  
TELEPHONE (610) 449-9344  
FAX (610) 449-0107

January 23, 1997

Pennsylvania Public Utility Commission  
Bureau of Transportation & Safety  
P. O. Box 3265  
Harrisburg, PA 17105-3265

**RECEIVED**  
JAN 27 1997

Re: Application for Motor Common Carrier of Property Authority  
Titus S. Kurtz  
A-0011 \_\_\_\_\_


**BUREAU OF  
TRANSPORTATION & SAFETY**

Gentlemen:

Enclosed are the original and one copy of the above referenced application for motor carrier authority. A check in the amount of \$100.00 is enclosed to cover the application fee.

I am enclosing a copy of this letter along with a pre-addressed, postage paid envelope for your convenience in acknowledging receipt of this application. If there are any questions concerning the enclosed matter, please call me at the above phone number. Thank you very much.

Sincerely,

  
Thomas W. Devine

cc: Titus S. Kurtz

Enclosures:

**DOCUMENT  
FOLDER**

BEFORE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR  
CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only	702339
Docket No.	_____

DOCKETED  
APPLICATION DOCKET

JAN 29 1997

ENTRY No.

TZ

RECEIVED

JAN 27 1997

BUREAU OF  
TRANSPORTATION & SAFETY

1. Titus S. Kurtz  
(Full and correct name in which you intend to operate)

2. n/a  
(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. D. #3, Box 62 1-610-286-5393  
(Physical Address) (Telephone No.)

Elverson,	Berks	PA	19520
(City)	(County)	(State)	(Zip)

4. n/a  
(Mailing Address; if different)

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

A-113692

DOCUMENT  
FOLDER

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)	(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 transportation of property for compensation 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.
- c. Applicant certifies that it understands that it is subject to an annual assessment based upon its gross intrastate operating revenues to help pay the expenses incurred by the PUC in regulating motor carriers of property.

# 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.

Titus S. Kurtz	<i>Titus S Kurtz</i>	1/21/97
(Print Name) Owner	(Signature)	(Date)

(Print Name)	(Signature)	(Date)
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(Print Name)	(Signature)	(Date)
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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).

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

TITUS S KURTZ  
RD 3 BOX 62  
ELVERSON, PA 19520

DATE 2/7/97  
RECEIPT # 192785

In re: Application fees for TITUS S KURTZ  
A-00113692.....\$.100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: 656732258  
CHECK AMOUNT: \$ 100.00

C. Joseph Meisinger  
(for Department of Revenue)

JAF

DOCUMENT  
FOLDER

RECEIVED  
PROTHONOTARY'S OFFICE  
97 FEB 10 PM 2:09

000279

DOCKETED  
FEB 11 1997



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

IN REPLY PLEASE  
REFER TO OUR FILE

February 7, 1997

TITUS S KURTZ  
RD #3 BOX 62  
ELVERSON PA 19520

In re: A-00113692 - Application of Titus S. Kurtz

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of February 8, 1997.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before February 24, 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

