

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

AUG 05 1997

BUREAU OF
TRANSPORTATION & SAFETY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only	70265	DOCKETED
	Docket No. _____	APPLICATION DOCKET
	Folder No. _____	ENTRY No. 12

AUG 06 1997

RECEIVED
AUG 2 1997
PUBLIC UTILITY COMMISSION
PROTHONOTARY'S OFFICE

1. Robert T. Smith
(Full and correct name in which you intend to operate)

2. DRC Enterprises
(Trade name, if any)

The trade name, if fictitious, has not been registered
(has or has not)

Secretary of the Commonwealth on _____ (attach
date-stamped registration form).

3. 221 D Street (Physical Address) (814) 539-1719 (Telephone No.)

Johnstown, Cambria, PA
(City) (County) (State) 15906-2255 (Zip)

4. _____
(Mailing Address; if different)

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

5. _____
(Attorney's Name) (Telephone Number)

(Attorney's Address)

DOCUMENT
FOLDER 3

A-114173

RS
Prep Rev
no copy

6. Applicant does Not hold ICC authority under Docket
(does or does not)

No. _____

7. Applicant does Not have a current safety rating
(does or does not)

issued by _____

(attach copy)

8. Approximate number of commercial vehicles to be operated

intrastate: owned _____ leased _____

9. 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 numbers of shares held by each stockholder.

10. 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 current safety rating issued by a state or federal agency.
- List of corporate officers and stockholders and distribution of shares.
- Proof of insurance.

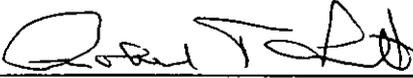
11. Certification

- 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 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 revenue 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.

Robert F. Smith  8/1/97
(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.

Insurance Identification Card -
PENNSYLVANIA

NAIC: 44180

Name of Insurer:

MOUNTAIN LAUREL ASSURANCE COMPANY

P.O. BOX 94739

CLEVELAND , OH 44101

Name of Insured: ROBERT T SMITH

Policy Number: 04573040-0

Effective Date: 08/01/97

YR	MAKE	MODEL	VIN
93	1993 Dodge	MINI VAN	2B7GH1132PR337615

Report all accidents immediately.
(24 hours a day, 7 days a week)
to Progressive:

(1-800-274-4499)

Call us immediately so we can go
to work for you.

Instructions to the insured in case
of accident or loss:

1. Obtain full names, addresses, &
license numbers of all persons
involved and all witnesses.
2. Do not admit liability or
discuss the accident with anyone
except police or company
representative.

This form does not constitute any
part of your insurance policy or
bond.



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

IN REPLY PL
REFER TO QU

August 15, 1997

ROBERT T SMITH
T A O R C ENTERPRISES
221 D STREET
JOHNSTOWN PA 15906-2256

In re: A-00114173 - Application of Robert T. Smith, t/d/b/a T A O R C Enterprises

Dear Sir:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of August 16, 1997.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before September 2, 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
Applications Review Section
Bureau of Transportation & Safety

PSM:lg

