

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

009813

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only	
Docket No.	<u>A-114320</u>
Folder No.	_____

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RECEIVED
PROTHONOTARY'S OFFICE

1. TERRY L. WALTER
(Full and correct name in which you intend to operate)

2. NONE
(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. RD#3 Box 330B 412-696-5230
(Physical Address) (Telephone No.)

MT. PLEASANT W. MORELAND PA 15666
(City) (County) (State) (Zip)

4. SAME
(Mailing Address; if different)

DOCUMENT
FOLDER

DOCKETED
APPLICATION DOCKET
OCT 06 1997
ENTRY No. gtt

_____ 57:2 113 1-100 L5
(City) (County) (State) (Zip)

5. Applicant _____ hold ICC authority under Docket No. _____
(does or does not)

6. Applicant _____ have a current safety rating issued by _____
(does or does not)

(attach copy).

7. Approximate number of commercial vehicles to be operated intrastate:

owned 4 leased 2

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 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.

TERRY L. WALTER Terry L. Walter Sept. 25, 1997
(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).

CERTIFICATE OF INSURANCE

ISSUE DATE 04/01/97

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below:

Name and Address of Agency	Companies Affording Coverage
DVUA PITTSBURGH, INC. ONE FORESTWOOD DRIVE, SUITE 203 PITTSBURGH, PA 15237	Letter A MGA Letter B
Name and Address of Insured	Letter C
TERRY L. WALTER R.D.#3, BOX 330-B MT. PLEASANT, PA 15666-9111	Letter D

This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract of other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. The limits shown may have been reduced by paid claims.

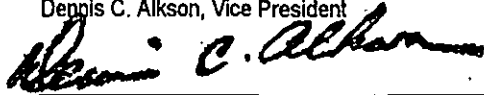
Co. Ltr.	Type of Insurance	Policy#	Policy Effective	Policy Expiration	Limits of Liability As of Policy Inception
GENERAL LIABILITY					
	<input type="checkbox"/> Commercial General Liability				General Aggregate \$
	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence				Products-Comp/Ops Aggregate \$
	<input type="checkbox"/> Owner's & Contractors Protective				Personal & Advertising Injury \$
	<input type="checkbox"/>				Each Occurrence \$
	<input type="checkbox"/>				Fire Damage (Any One Fire) \$
	<input type="checkbox"/>				Medical Expense(Any One Person) \$
AUTO MOBILE LIABILITY					
	<input type="checkbox"/> Any Auto				CSL \$500,000.
	<input type="checkbox"/> All Owned Autos				B.I. Per Person \$
A	<input checked="" type="checkbox"/> Scheduled Autos	MPP107897	3-8-97	3-8-98	B.I. Per Accident \$
	<input type="checkbox"/> Hired Autos				Property Damage \$
	<input type="checkbox"/> Non-Owned Autos				
	<input type="checkbox"/> Garage Liability				
	<input type="checkbox"/>				
EXCESS LIABILITY					
	<input type="checkbox"/> Umbrella Form				Each Occurrence \$
	<input type="checkbox"/> Other than Umbrella Form				Aggregate \$
WORKERS COMPENSATION					
	<input type="checkbox"/> Workers Compensation and Employers Liability				STATUTORY
					Each Accident \$
					Disease Policy Limit \$
					Disease Each Employee \$
OTHER					
					Limit \$

Description of Operations/Locations/Vehicles/Restrictions/Special Items

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 15 days written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Certificate Holder
CATS TRANSPORT, L.P.
2200 SPRINGFIELD PIKE
CONNELLSVILLE, PA 15425

A.L. Kayafas Agencies, Inc.
P.O. Box 115
705 Church St.
Wampum, PA 16157
(412) 535-8888 (412) 535-8800

Dennis C. Alkson, Vice President

Authorized Representative



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

IN REPLY PLEASE
REFER TO OUR FILE

October 21, 1997

TERRY L WALTER
RD # 3 BOX 330-B
MT PLEASANT PA 15666

In re: A-00114320 Application of Terry L. Walter.

Dear Mr. Walter:

The above-cited application has been received and accepted for publication. It will be published in the Pennsylvania Bulletin of October 18, 1997.

You are further advised that the above-cited application will be submitted for review provided no comments are filed on or before November 3, 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
Compliance Office
Bureau of Transportation & Safety

GET/gt

