

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
(717) 772-7777
www.puc.pa.gov

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Revised 7/2/14
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PA.P.U.C.
SECRETARY'S BUREAU

Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

JL WATTS TRUCKING LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PA PUC Authority?** **NO** **Previous Authority?** **NO**

If yes, at PUC No. A- _____

4. **Are you a business entity registered with the PA Department of State?** **NO**

If No, you must first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number 6330158

(see checklist and indicate type of business entity registered)

5. **Physical Address** (do not use post office box)

5735 TOWNSHIPLINE ROAD

Street Address

PIPERSVILLE, PA 18947

City, State and Zip Code

215-766-1313

Telephone Number

BUCKS

County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

6. **Mailing Address** (if different from Physical Address)

Street Address

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Do you hold interstate operating authority?**

No

Yes, at No. 00094055

9. **What type of commodities do you intend to transport?**

BUILDING MATERIALS

10. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

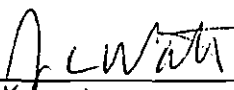
Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

JARED WATTS

(Print Name)



(Signature)

1/18/2016

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

**Pennsylvania Public Utility Commission
Bureau of Technical Utility Services
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834 or FAX (717) 787-3114**

Exemption from PUC Cargo Insurance Regulations

This is to advise that JL WATTS TRUCKING LLC
(Name of applicant/carrier)
Holding PUC authority at Application Docket No. A- _____ is exempt
(if available)
From Cargo Insurance Regulations for the following reasons (Check all that apply):

- All transportation will be provided in dump trucks.
- All transportation will be limited to farm products, garbage, ashes, rubbish, coal, debris, earth, crushed stone, amesite, and similar construction materials.
- The value of any one load being transported will not be more than \$500 in value.

JL Watts
(Signature of individual applicant, authorized partner or corporate president or secretary)

Verification of Request

The undersigned deposes and says that he/she is the person who signed the statement for the above captioned applicant/application and that he/she is authorized to and does make this verification and the facts set forth therein are true and correct to the best of his/her knowledge, information and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

JL Watts 1/18/16
(Signature) (Date)

Jared L. Watts

(Print Name)

Please return to: Pennsylvania Public Utility Commission
Bureau of Technical Utility Services – Compliance Office – Insurance
PO Box 3265
Harrisburg, PA 17105-3265

This form is used to waive the Commission's requirement for PA PUC certificated carriers to maintain a minimum of \$5,000 insurance for loss or damage to cargo being transported. You must meet at least one of the three criteria above. If none of the three criteria for exemption apply to you, you must submit evidence of cargo insurance.

Entity# : 6330158
Date Filed : 12/28/2015
Pedro A. Cortés
Secretary of the Commonwealth

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Return document by mail to:

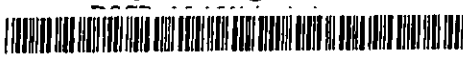
Name

Address

City State Zip Code

Return document by email to: dcaro@grimlaw.com

Change of Registered Office



TFA160104KS0961

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$5 The type of domestic association (check only one):

- Business Corporation Limited Liability Company Limited Liability Limited Partnership
 Nonprofit Corporation Limited Partnership

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 1507/5507/8506/8906 (relating to change of registered office), the undersigned domestic corporation, limited liability company, limited partnership or limited liability limited partnership, desiring to effect a change of registered office, hereby states that:

1. The name of the association is: J. L. Watts Trucking, LLC

2. The current registered office address as on file with the Department of State. *Complete part (a) OR (b) – not both:*

(a) 4605 Bergstrom Road, Doylestown, PA 18902 Bucks County
 Number and street City State Zip County

(b) c/o: _____
 Name of Commercial Registered Office Provider County

3. New address. *Complete part (a) OR (b) – not both:*

(a) The address in this Commonwealth to which the registered office of the corporation, limited partnership, limited liability limited partnership or limited liability company is to be changed is:

5735 Township Line Road, Pipersville, PA 18947 Bucks County
 Number and street City State Zip County

(b) The registered office of the corporation, limited partnership, limited liability partnership, limited liability limited partnership or limited liability company shall be provided by:

c/o: _____
 Name of Commercial Registered Office Provider County

4. *For corporations only:* Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager thereof this 23rd day of December, 2015.

PA DEPT. OF STATE

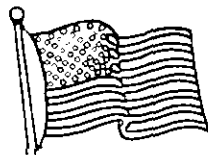
DEC 28 2015

J. L. Watts Trucking, LLC
 Name of Corporation/Limited Partnership/
 Limited Liability Limited Partnership/Limited Liability Company

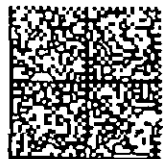
JLW
 Signature


Sole Member
 Title

J.L. WATTS Trucking
5735 Townshipline Rd
Pipersville PA 18947



FIRST-CLASS



UNITED STATES POSTAGE

PITNEY BOWES
\$000.70⁵
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0001107814 MAR 22 2016
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Secretary, PA Public Utility Commission
400 North Street, 2nd Floor
Harrisburg, PA 17120

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