



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

IN REPLY PLEASE
REFER TO OUR FILE

September 1, 1998

PATRICK WELCH
TDBA WELCH DELIVERY SYSTEMS
PO BOX 615
19 EAST MAIN
MORGANTOWN PA 19543

In re: Receipt of property application of Patrick Welch, t/d/b/a Welch Delivery Systems - **your**
PA PUC Docket Number is A-00115620.

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Dear Mr. Welch:

We have received the above referenced application to transport property. I am returning the Insurance Identification Card as it has the incorrect name and address of the applicant.

The name and address on your insurance should read as above listed in this letter.

Since applicant has now been assigned a docket number and has insurance, I am suggesting that you contact your insurance agent and have the name and address changed to match that as set forth above in this letter. Then request the agent to submit **Form E and Form H**. These forms are forwarded to the PUC by the insurance company and must reflect the exact name and address as stated above. You will need to give the agent your PUC Docket listed above.

Call the number below if you have any questions.

Sincerely your,

Gale E. Travitz
Transportation Application Specialist
Compliance Section
Bureau of Transportation and Safety
(717) 787-5513



GET/gt

Enclosure

BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
COMMON CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only	
Docket No.	<u>A-115620</u>
Folder No.	_____

1. Patrick Welch
(Full and correct name in which you intend to operate)

2. Welch Delivery Systems
(Trade name, if any)

The trade name, if fictitious, has not been registered with the Secretary of
(has or has not)

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

3. PO Box 615 19 East Main 610-286-1947
(Physical Address) (Telephone No.)

Morgantown Berks PA
(City) (County) (State)

DOCKETED
19548
APPLICATION DOCKET
SEP 21 1998
of
ENTRY No. _____

4. _____
(Mailing Address; if different)

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

**DOCUMENT
FOLDER**

5. Applicant does hold ICC authority under Docket No. 258096
(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.

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.

Patrick Welch Patrick Welch 8-21-98
(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).

