

Cherewka & Radcliff, LLP

624 North Front Street
Wormleysburg, Pennsylvania 17043

(717) 232-47015

(717) 901-3770

Fax (717) 232-4774

December 14, 1999

James J. McNulty, Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

116471

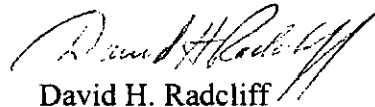
RE: Raymond T. Carey
PUC Application
Our File No. 1658.000

Dear Secretary McNulty:

I enclose for filing an original and two copies of an application for transportation of property for the above referenced client. Also enclosed is my check in the amount of \$100 to cover the filing fee.

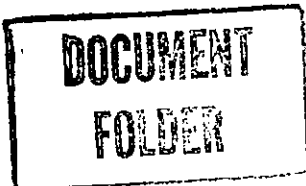
I am forwarding a copy of this application to the applicant.

Very Truly Yours,


David H. Radcliff

Enclosures

cc: Raymond T. Carey
113 Petersburg Road
Carlisle, PA 17013



BEFORE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

APPLICATION FOR TRANSPORTATION BY MOTOR
CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

<p>For PUC Use Only</p> <p>Docket No. _____</p>

704138

DOCKETED

DEC 2 1999

1. RAYMOND T. CAREY
(Full and correct name in which you intend to operate)

2. _____
(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. 113 Petersburg Road (717)241-2300
(Physical Address) (Telephone No.)

<u>Carlisle</u>	<u>PA</u>	<u>17013</u>
(City)	(State)	(Zip)

Attorney for Applicant:
David H. Radcliff 624 North Front Street
(Mailing Address; if different)

<u>Wormleysburg</u>	<u>Cumberland</u>	<u>PA</u>	<u>17013</u>
(City)	(County)	(State)	(Zip)

25
Rev Bindok
weed cage
EEH needed

DOCUMENT
FOLDER

A-116471

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. See Insurance ID Card attached

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.

RAYMOND T. CAREY
(Print Name)

Raymond T. Carey
(Signature)

12-14-99
(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

PA
(STATE)

COMPANY NUMBER
11991

COMPANY
NATIONAL CASUALTY COMPANY

POLICY NUMBER
CA126804

EFFECTIVE DATE
06/01/99

EXPIRATION DATE
06/01/00

YEAR MAKE MODEL
1990 INTERNAT'L TRI-AXLE DUMP

VEHICLE IDENTIFICATION NUMBER
2HTFBAGT5LC035112

AGENCY/COMPANY ISSUING CARD
ALL RISKS, LTD.
1699 E. MARKET STREET
YORK, PA 17403

INSURED CAREY, RAYMOND T
113 PETERSBURG ROAD
CARLISLE PA 17013

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

CHEREWKA & RADCLIFF LLP
ATTN DAVID H RADCLIFF
624 N FRONT ST
WORMLEYSBURG, PA 17043

DATE 12/30/99
RECEIPT # 196551

Application fees for RAYMOND T CAREY

Docket Number A-00116471..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: 1786
CHECK AMOUNT: \$100.00

DOCKETED
DEC 31 1999

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

EEF