

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY

2000 NOV 20 AM 9:40

Nov. 16, 2000

Dear Mr. Hushire,

This is the second application I am sending for my PUC because my insurance company failed to send in the E-form until the time was expired. To my understanding, you have all the information that was already sent to you from the first time I applied, and all that needed to be sent was the application and another \$100.00.

Please contact me if any other information is needed. 814-743-6595

Sincerely Yours,
Bonnie Shankle

A-116841

F.2

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Before the Pennsylvania Public Utility Commission

APPLICATION
MOTOR COMMON CARRIER OF PROPERTY

1. Bonnie Dee Shankle
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

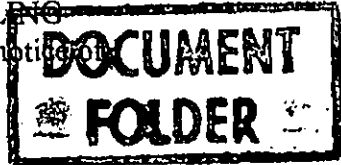
7/21

2. NA
TRADE NAME IF ANY
The trade name, if fictitious, _____ been registered with the
(has or has not)
Secretary of the Commonwealth on _____. Attach a date
stamped copy of the registration form.

3. 4669 Hwy. 240, Cherry Tree, Pa., Indiana Co. 814-743-5112
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

4. P.O. Box 12 Cherry Tree Pa. 15724
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

5. NA
ATTORNEY'S NAME AND TELEPHONE NUMBER FOR THIS FILING
(Do not supply an Attorney's name if you want all correspondence and notification
process mailed directly to you.)



NA
ATTORNEY'S ADDRESS

6. APPLICANT does not HOLD INTERSTATE OPERATING
(does or does not)
AUTHORITY AT DOCKET NUMBER _____

DOCKETED
NOV 30 2000

7. APPLICANT does not HAVE A CURRENT SAFETY RATING
(does or does not)
ISSUED BY THE US DOT, PA PUC OR OTHER STATE REGULATORY
AGENCY. (ATTACH COPY)

RE

A-00116841, F.2

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Cargo - Waver
Pupd - Form E
Prop GUT

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 1 LEASED _____

9. CHECK ONE THAT APPLIES TO THIS APPLICATION:

INDIVIDUAL

PARTNERSHIP. ATTACH A COPY OF A PARTNERSHIP AGREEMENT AND LIST THE NAMES AND ADDRESSES OF ALL PARTNERS BELOW:

(Attach a separate sheet if space provided is not sufficient.)

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 A DATE-STAMPED COPY OF THE APPLICATION FOR CERTIFICATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY. INCLUDE A LIST OF CORPORATE OFFICERS WITH TITLES, NAMES OF SHAREHOLDERS AND NUMBER OF SHARES HELD, AND ADDRESSES.

10. ATTACHMENT CHECKLIST:

FOR CORPORATIONS ONLY:

DATE STAMPED COPY OF APPLICATION FOR CERTIFICATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY.

LIST OF OFFICERS/TITLES AND DISTRIBUTION OF SHARES.

FOR PARTNERSHIPS ONLY:

COPY OF PARTNERSHIP AGREEMENT.

FOR ALL APPLICANTS:

FICTITIOUS TRADE NAME REGISTRATION (IF APPLICABLE)

COPY OF CURRENT SAFETY RATING (IF AVAILABLE)

PROOF OF INSURANCE (See item 5 on instruction sheet).

CERTIFIED CHECK, MONEY ORDER OR ATTORNEY'S CHECK

11. CERTIFICATION:

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 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 STATEMENTS 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.

Bonnie Dee Shankle	Bonnie Dee Shankle	11-16-00
(PRINT NAME)	(SIGNATURE)	(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 OR BY THE PRESIDENT OR SECRETARY IF A CORPORATION.

MINIMUM LIMITS OF INSURANCE
PENNSYLVANIA PUBLIC UTILITY COMMISSION AUTHORIZED
CARRIERS OF PROPERTY

General Commodities and/or Household goods in use.

Bodily Injury:

\$300,000 per accident per vehicle to cover liability for bodily injury, death or property damage incurred in an accident.

Insurance coverage of motor carriers of property shall meet the requirements of 75 PA C.S. Ss. 1711 (relating to required benefits).

Cargo:

\$5,000 for loss or damage to cargo being transported.

Cargo Insurance may be waived if you meet any one of three criteria:

1. All transportation will be provided in dump trucks.
2. All transportation will be limited to farm products, garbage, ashes, rubbish, coal debris, earth, crushed stone, amesite, and similar construction materials.
3. The value of any one load being transported will not be more than \$500.00 in value.

MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE.

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(Executed in Triplicate)

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2000 AUG -7 AM 10:34

Filed with PA PUBLIC UTILITY COMMISSION (hereinafter called Commission)
(Name of Commission)

This is to certify, that the STATE FARM MUTUAL AUTOMOBILE INSURANCE CO
(Name of Company)

(hereinafter called Company) of BLOOMINGTON IL 61701-0001
(Home Office Address of Company)

has issued to BONNIE D. SHANKLE of CHERRY TREE PA 15724
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at ONE STATE FARM DRIVE CONCORDVILLE PA 19339-0001
(Street Address) (City) (State) (Zip Code)

this 3RD day of AUGUST 2000

Insurance Company File No. 015 1094-FQ2-38
(Policy Number)

Patricia J. Lewis
(Authorized Company Representative)

EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS

This is to advise that Bonnie D. Shankle
(Name of applicant/carrier)

holding PUC authority at Application Docket No. A- _____
(If available)

is exempt 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 \$500.00 in value.

Bonnie D. Shankle
Signature of Individual, Partner or Corporate Officer.

Verification of Statement

The undersign 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 setforth 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 C.S SEC. 409 relating to unsworn falsification to authorities.

Date 3-17-00

Richard Oates
(Signature)

Richard Oates
(Print Name)

Please return to:

Pennsylvania Public Utility Commission
Bureau of Transportation and Safety
Insurance Unit
PO Box 3265
Harrisburg, PA 17105-3265

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

BONNIE DEE SHANKLE
PO BOX 12
CHERRY TREE PA 15724

DATE 12/ 8/00
RECEIPT # 197842

IN RE: Application fees for BONNIE DEE SHANKLE

Docket Number A-00116841F0002..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: MEMOC PMO R 0140728 5
CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

**DOCUMENT
FOLDER**

DOCKETED
DEC 11 2000