

2000 JUN -7 PM 3:09

Before the Pennsylvania Public Utility Commission

APPLICATION

MOTOR COMMON or CONTRACT CARRIER OF PERSONS

514507

CHECK ONLY ONE SERVICE TYPE:

- Airport Transfer
- Call or Demand
- Limousine
- Paratransit
- Scheduled Route
- Group and Party
(15 passengers or less)

1. Vincent Cruz
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

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

3. 66 Skiway DR. Paradise Pnt. Henryville Pa. 18332
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

4. P.O. Box 42 Analomink Pa. 18320 \$9178817519
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

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

ATTORNEY'S ADDRESS

A-116951

DOCKETED

JUN 13 2000

DOCUMENT FOLDER

RECEIVED
SECRETARY'S OFFICE
00 JUN -7 AM 3:13

6. APPLICANT does not HOLD PA PUC AUTHORITY UNDER
(does or does not)
Docket Number _____, and operates as a _____ carrier.
(common or contract)

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

8. 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 CORPORATE OFFICERS/TITLES AND DISTRIBUTION OF
SHARES.

STATEMENT OF CORPORATE CHARTER PURPOSE.

FOR PARTNERSHIPS ONLY:

COPY OF PARTNERSHIP AGREEMENT.

FOR ALL APPLICANTS:

- FICTITIOUS TRADE NAME REGISTRATION (IF APPLICABLE)
 MAP FOR SCHEDULED ROUTE SERVICE (IF APPLICABLE)
 CERTIFIED CHECK, MONEY ORDER OR ATTORNEY'S CHECK

- 11.** DESCRIBE THE SERVICE PROPOSED BY THIS APPLICATION.
COMMON OR CONTRACT? IN WHAT AREA OF PENNSYLVANIA WILL
THIS PROPOSED SERVICE BE PROVIDED?
(Use the space below or attach additional sheet if space provided is not sufficient).

~~Philadelphia~~ →
between Monroe County & Pike County
from ph in cond. Co. to pts
in PA + U

-
- 12.** 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 PASSENGERS; 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.

Vincent Cruz Vincent Cruz ~~6-4-00~~ 6-4-00
(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.

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
 03/09/00

INSURED
 W.N. Tuscano Agency Inc.
 P.O. Box 1027
 Greensburg, PA 15601

VINCENT CRUZ

66 SKIWAY DRIVE

ANALOMINK PA 18320

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.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	MGA Insurance Company
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

COVERAGES

THIS IS TO CERTIFY THAT THE 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 OR 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUP <input type="checkbox"/> OWNER'S & CONTRACTOR'S FROG.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (A.V. per fire) \$ MED. EXPENSE (any one per fire) \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> X SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	MPP134100	03/06/00	03/06/01	COMBINED SINGLE LIMIT \$1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per occurrence) \$ PROPERTY DAMAGE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
OTHER PHYSICAL DAMAGE	MPP134100	03/06/00	03/06/01	S/A \$31,000 COLL \$500 DED. COMP \$500 DED.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 1999 LINCOLN TOWN CAR VIN#1LNHM82W3XY610974

CERTIFICATE HOLDER
 ADDITIONAL INSURED:
 HADEN STATE LIMO
 273/A PRECEPT TRANSPORTATION
 39 RIDGE ROAD
 NORTH ARLINGTON, NJ 07031

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE


PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

VINCENT CRUZ
PO BOX 42
ANALOMINK PA 18320

DATE 6/14/00
RECEIPT # 197217

IN RE: Application fees for VINCENT CRUZ

Docket Number A-00116951..... \$350.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: RIA MO 42-04057220

CHECK AMOUNT: \$350.00

C. Joseph Meisinger
(for Department of Revenue)

DOCKETED
JUN 15 2000
DOCUMENT
FOLDER



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

IN REPLY PLEASE
REFER TO OUR FILE

June 16, 2000

VINCENT CRUZ
PO BOX 42
ANALOMINK PA 18320

In re: A-00116951 - Application of Vincent Cruz.

Dear Mr. Cruz:

The application cited above has been captioned as attached and will be submitted for review provided no protests are filed on or before July 17, 2000. If protests are filed, you will be advised as to further proceeding.

You are further advised that the above application will be published in the Pennsylvania Bulletin of June 24, 2000.

Very truly yours,

Gale E. Travitz
Transportation Application Specialist
Bureau of Transportation & Safety

GET:rs

DOCKETED
JUN 19 2000
[Signature]

**DOCUMENT
FOLDER**

A-00116951 VINCENT CRUZ (P.O. Box 42, Analomink, Monroe County, PA 18320) - persons in limousine service, between points in the counties of Monroe and Pike, and from points in said counties, to points in Pennsylvania, and vice versa.

PUBLIC UTILITY COMMISSION

SERVICE OF NOTICE OF MOTOR CARRIER APPLICATIONS

Published in Pennsylvania Bulletin

JUN 24 2000

BUREAU OF TRANSPORTATION AND SAFETY
COMMON CARRIER
June, 00

A-00116951

Application of Vincent Cruz, for the right to begin to transport, as a common carrier, by motor vehicle, persons in limousine service, between points in the counties of Monroe and Pike, and from points in said counties, to points in Pennsylvania, and vice versa.

GET:rs

6/14/2000

Application Received: 06/07/00

Application Docketed: 06/13/00

Protests due _____

JUL 17 2000