

BEFORE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED  
BUREAU OF  
TRANSPORTATION & SAFETY

2000 MAY 17 PH 3:49

APPLICATION FOR TRANSPORTATION BY MOTOR  
CARRIERS OF PROPERTY

(PLEASE READ INSTRUCTIONS BEFORE PREPARING APPLICATION)

For PUC Use Only
Docket No. <u>116894</u>

**DOCKETED**  
JUN 1 2000  
**DOCKETED**  
MAY 17 2000

DOCUMENT  
FOLDER

1. ROBERT D. ARNOLD  
(Full and correct name in which you intend to operate)

2. (SAME)  
(Trade name, if any)

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

the Commonwealth on n/a (attach copy of date-stamped registration  
(Date) form).

3. 35 ELK DRIVE 717-242-8875  
(Physical Address) (Telephone No.)  
LEWISTOWN (MIFELIN) PA  
(City) (County) (State) (Zip)  
17044

4. (SAME)  
(Mailing Address; if different)  
(City) (County) (State) (Zip)

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):

N/A  Partnership Agreement.

N/A  Date-stamped copy of Fictitious Trade Name registration certificate.

N/A  Date-stamped copy of Application for Certificate of Incorporation or Certificate of Authority.

N/A  Copy of a current safety rating issued by a state or federal agency.

N/A  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.

ROBERT D ARNOLD                      *Robert D. Arnold*                      5/15/00  
(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).

Insurance Identification Card -  
PENNSYLVANIA

NAIC: 38628

Name of Insurer:

PROGRESSIVE NORTHERN INSURANCE COMPANY

P.O. BOX 5070

CLEVELAND , OH 44104

Name of Insured: ROBERT D ARNOLD

Policy Number: 04523999-0

Effective Date: 05/11/00

YR	MAKE	MODEL	VIN
1980	INTL	DUMP TRUCK	CF257HHA16704

Report all accidents immediately.  
(24 hours a day, 7 days a week)  
to Progressive:

(1-800-274-4499)

Call us immediately so we can go  
to work for you.

Instructions to the insured in case  
of accident or loss:

1. Obtain full names, addresses, &  
license numbers of all persons  
involved and all witnesses.
2. Do not admit liability or  
discuss the accident with anyone  
except police or company  
representative.

This form does not constitute any  
part of your insurance policy or  
bond.

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN 25-1862187

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) * <u>Robert D. Arnold</u>		3 Executor, trustee, "care of" name
2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b) <u>Same</u>
4a Mailing address (street address) (room, apt., or suite no.) <u>35 Elk Drive</u>	5b City, state, and ZIP code	
4b City, state, and ZIP code <u>Lewisstown, PA 17044</u>	6 County and state where principal business is located <u>Millin PA</u>	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶		

8a Type of entity (Check only one box.) (see instructions)  
Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input checked="" type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ▶
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>Dump</u> <u>excavating</u>	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)  
5-15-00

11 Closing month of accounting year (see instructions)  
12-2000

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
<u>0</u>	<u>0</u>	<u>0</u>

14 Principal activity (see instructions) ▶ Hauling Stone out of Quarry

15 Is the principal business activity manufacturing? . . . . .  Yes  No  
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
-----------------------------------------------------	--------------------------------------------	-----------------------------------------------	------------------------------

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  Yes  No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ <u>Robert D. Arnold / Sole proprietor</u>	Business telephone number (Include area code) <u>717-243-8875</u>
	Fax telephone number (Include area code)

Signature ▶ Robert D. Arnold Date ▶ 5-15-00

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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EXEMPTION FROM P.U.C. CARGO INSURANCE REGULATIONS

This is to advise that ROBERT D ARNOLD  
(Name of Carrier)  
holding P.U.C. authority at Application Docket No. A- 1112894  
is exempt from P.U.C. Cargo Insurance regulations for the following reasons:

- 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.

Robert D. Arnold  
(Signature of Individual, Partner or Corporate Officer)

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VERIFICATION OF STATEMENT

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 C.S. Sec 4904 relating to unsworn falsification to authorities.

Dated 5/15/00

Robert D. Arnold  
(Signature)

ROBERT D ARNOLD  
(Print Name)

PLEASE RETURN TO:

PENNSYLVANIA PUBLIC UTILITY COMMISSION  
BUREAU OF TRANSPORTATION AND SAFETY  
FINANCIAL RESPONSIBILITY SECTION  
P.O. BOX 3265  
HARRISBURG, PA 17105-3265

*city*  
*for*

# PENNSYLVANIA PUBLIC UTILITY COMMISSION

## RECEIPT

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

ROBERT D ARNOLD  
35 ELK DR  
LEWISTOWN PA 17044

DATE 6/ 2/00  
RECEIPT # 197148

IN RE: Application fees for ROBERT D ARNOLD

Docket Number A-00116894..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: KF OC 770703914

CHECK AMOUNT: \$100.00

C. Joseph Meisinger  
(for Department of Revenue)

DOCUMENT  
FOLDER

DOCKETED

JUN 05 2000