

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2000 AUG 23 AM 10:43

Before the Pennsylvania Public Utility Commission

**APPLICATION
MOTOR COMMON CARRIER OF PROPERTY**

1. Thomas K. Clawson, Jr.
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. CDC Transportation OKAY use
~~CCC Transportation~~

TRADE NAME IF ANY
The trade name, if fictitious, has not been registered with the
(has or has not)

Secretary of the Commonwealth on September 6. Attach a date
stamped copy of the registration form.

3. 101 East Rosebud Road, Myerstown, PA 17067
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

4. 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 notices of
process mailed directly to you.)

ATTORNEY'S ADDRESS

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

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)

SECRETARY'S OFFICE
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DOCKETED
AUG 30 2000

A-117175

DOCUMENT
FOUR

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.

| (PRINT NAME) | (SIGNATURE) | (DATE) |
|----------------------|-----------------------|---------|
| THOMAS K. CLAWSON JR | Thomas K. Clawson Jr. | 8-10-00 |

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.

NOV-04-1999 17:07

HDH GROUP

814 734 6402 P.02/07

ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
11/04/99

PRODUCER

The HDH Group, Inc.
99 Erie Street, Suite 2
Edinboro, PA 16412
(814) 734-1749

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
AGulf Insurance Group

COMPANY
B

COMPANY
C

COMPANY
D

INSURED

Thomas K. Clawson, Jr.
101 E. Rosebud Rd.
Myerstown, PA 17067

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.

| CO LTR | 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 type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT | | | | GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | GA047548399 | 10/03/99 | 10/03/00 | COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ |
| | EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$ |
| A | OTHER Motor Cargo | GA047548399 | 11/04/99 | 10/03/00 | \$250,000 Per Vehicle \$400,000 Per Vehicle \$1,000 Deductible |

DESCRIPTION OF OPERATIONS/LOCATIONS/VENUES/SPECIAL ITEMS

CERTIFICATE HOLDER

Thomas K. Clawson, Jr.
101 E. Rosebud Rd.
Myerstown, PA 17067

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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

Sharon H. Miron

Microfilm Number _____

Filed with the Department of State SEP 01 2000

Entity Number 2960683

Kim D'Amico
Secretary of the Commonwealth

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME
DSCB-54-311 (Rev 90)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is: C & L CARRIERS

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
TRUCKING

3. The address, including number and street, if any, of the principal place of business of the business (P.O. Box alone is not acceptable):
101 EAST ROSEBUD ROAD MYERSTOWN PA 17067 LEBANON
Number and Street City State Zip County

4. The name and address, including number and street, if any, of each individual interested in the business is:
Name Number and Street City State Zip
THOMAS K. CLAWSON JR. 101 E. ROSEBUD RD. MYERSTOWN PA 17067
BARBARA A CLAWSON 101 E. ROSEBUD RD. MYERSTOWN PA 17067

5. Each entity, other than an individual, interested in such business is (are):
Name Form of Organization Organizing Jurisdiction Principal Office Address Pa. Registered Office, if any
- NONE -

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):
- NONE -

DOCKETED
SEP 20 2000

A-117175 file

DOCUMENT FOLDER

Travitz, Gale

From: Barbara Clawson [baclawson@onemain.com]
Sent: Monday, September 18, 2000 9:28 AM
To: Travitz@puc.state.pa.us
Subject: A-00117175 - Application of Thomas K. Clawson, Jr. - Fictitious name change

Dear Gale,

I received our copy of our fictitious name application from the PA Dept. of State on Saturday, Sept. 16, that approved the use of the name " C & C Carriers ". We had previously applied for " C & C Transportation " but could not use it due to there already being a company in Philadelphia with that name (a bus company). Please change the fictitious name to C & C Carriers on our PUC application/certificate. If you have any questions, you can call me at (717) 933-9307. I will also fax you a copy of this message.

Thank you for your time (and patience!) with this application!

Sincerely, Barbara Clawson

*do correct
the*

DSCB:54-311 (Rev 90)-2

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed
this 31st day of August, 2000.

Thomas K. Clawson Jr.
(Individual Signature)

Barbara A. Clawson
(Individual Signature)

(Name of Entity)

BY: _____

TITLE: _____

(Individual Signature)

(Individual Signature)

(Name of Entity)

BY: _____

TITLE: _____

FAX

(3 pp including this cover sheet)

TO: Gale Travitz 717-787-5961

FROM: Barb Clawson

DATE: 9-19-2000

RE: Signed copy of Fictitious Name Application
(Signed by Secretary of the Commonwealth)

PUC # A-00117175

DSCB:54-311 (Rev 90)-2

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this 31st day of AUGUST, 2000.

Thomas K. Clawson Jr.
(Individual Signature)

Barbara A. Clawson
(Individual Signature)

(Name of Entity)

BY: _____

TITLE: _____

(Individual Signature)

(Individual Signature)

(Name of Entity)

BY: _____

TITLE: _____

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

THOMAS K CLAWSON JR
101 E ROSEBUD RD
MYERSTOWN PA 17067

DATE 9/ 6/00
RECEIPT # 197544

IN RE: Application fees for THOMAS K CLAWSON JR

Docket Number A-00117175..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: USPMO 85640150305

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCKETED
SEP 8 2000

DOCUMENT
FOLDER