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PUC 189 (Revised 12/98)

Before the Pennsylvania Public Utility Commission PAUC

**APPLICATION  
MOTOR COMMON CARRIER OF PROPERTY**

1. VICKI L. CONFER  
FULL NAME OF APPLICANT (Individual) Partnership or Corporation

2. L, W, HOSE REPAIR  
TRADE NAME IF ANY  
The trade name, if fictitious, has been registered with the  
(has or has not)  
Secretary of the Commonwealth on 1-24-01. Attach a date  
stamped copy of the registration form.

3. 401 S. MAIN ST.  
PLEASANT GAP CENTRE 16823 814-359-2111  
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 notice 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 USDOT, PAUC OR OTHER STATE REGULATORY  
AGENCY (ATTACH COPY)

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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:

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(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.

VICKI L CONFER      Vicki L confer      2-17-01  
(PRINT NAME)                      (SIGNATURE)                      (DATE)

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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.

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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.

200107-410

Microfilm Number \_\_\_\_\_

Filed with the Department of State on JAN 24 2001

Entity Number 2984844

*Ken Singgult*  
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: L. W. Hose Repair

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:  
Repair and inspection of automobiles; make hydraulic hoses

3. The address, including number and street, if any, of the principal place of business of the business or other activity to be carried on under or through the fictitious name is (P.O. Box alone is not acceptable):

<u>401 South Main Street</u>	<u>Pleasant Gap</u>	<u>PA</u>	<u>16823</u>	<u>Centre</u>
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
<u>Vicki L. Confer</u>	<u>675 Brush Mountain Road</u>	<u>Spring Mills</u>	<u>PA</u>	<u>16875</u>

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

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):

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 2001.

*Vicki L. Confer*  
Vicki L. Confer

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**EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS**

This is to advise that VICKI L CONFER  
(Name of applicant/carrier)

holding PUC authority at Application Docket No. A- 117457  
(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.

Vicki Confer  
(SIGNATURE)  
(Individual applicant, authorized partner or corporate president or secretary)

**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 docs 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 2-17-01 Vicki L Confer  
(Signature)

VICKI L CONFER  
(Print Name)

Please return to: Pennsylvania Public Utility Commission  
Bureau of Transportation and Safety  
Insurance/Filing Unit  
PO Box 3265  
Harrisburg, PA 17105-3265

*gu to ju*

- This form is used to waive the Commission's requirement for PA PUC certificated carriers to maintain a minimum of \$5,000 insurance for loss or damage to cargo being transported. You must meet at least one of the three criteria above. If none of the three criteria for exemption apply to you, you must submit evidence of cargo insurance.

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

VICKI L CONFER  
TA L W HOSE REPAIR  
401 S MAIN ST  
PLEASANT GAP PA 16823

DATE 3/27/01  
RECEIPT # 198248

IN RE: Application fees for VICKI L CONFER T/A L W HOSE REPAIR.

Docket Number A-00117657..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: USPMO 86326051825  
CHECK AMOUNT: \$100.00

DOCUMENT  
FOLDER

C. Joseph Meisinger  
(for Department of Revenue)

DOCKETED

MAR 28 2001