

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 in value.

**Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834 or FAX (717) 787-5961**

Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2002 JAN 26 AM 11:05

1. Lisa L. Muir
Full Name of Applicant (Individual, Partnership or Corporation)

2. Muir Trucking Co.
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
(Date)

stamped copy of the registration form.

3. 17815 Old Dan's Rock Road

Frostburg, MD Allegany Co. 21532 301-463-5409
Physical Address (Street, City, County and Zip Code) Telephone Number
(Required)

4. Same **DOCKETED**
Mailing Address if Different from Physical Address

5. **DOCUMENT FOLDER** A-118218, F. 2

Attorney's Name and Telephone Number for this Filing
(Do not supply Attorney's name if you want all correspondence & notice of process mailed directly to you.)

N/A
Attorney's Address

6. Applicant Does hold interstate operating authority at docket number 390825.
(Does or does not)

7. Applicant Does have a current safety rating issued by the US DOT, PA PUC or other state regulatory agency. (Attach Copy)
(Does or does not)

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 in not sufficient.)

Corporation Organized under the laws of the state of _____ qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on _____ (Date).

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.
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.

You must sign the following application.

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.

Lisa L. Meier
(Print Name)

Lisa L. Meier 12/21/02
(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).

PUC 189
Revised 10/00

B. I. A. INSURANCE

Serving the Insurance Needs of the Trucking Industry for Three Generations
 31655 MORRIS LEONARD ROAD * PARSONSBURG, MD 21849
 VOICE (410) 896-4000 FAX (410) 896-4028

FAX TRANSMITTAL SHEET

TO: LISA MUIR	FROM: LEE BICKNELL
LOCATION: MUIR TRUCKING CO. FAX: 301-483-3880	DATE: December 23, 2002 REGARDING: PA. PUC

Attached is a copy of the declarations page of your policy and a copy of an I.D. card.

Please let us have a copy of the application confirmation you receive from the Pa. PUC. You should need no further insurance filing as they have acknowledged receipt of the filing last June 3rd but let us know of course if they ask for anything further.

Please let us know if you have questions or if we can assist in any way.

A Merry Christmas and Happy Holiday to you and your family.

*11-13-01
 From E ret. with address
 please note
 what this says
 Will you still
 need another
 filing from
 our insurance
 Co?*

AUGMENTIN®

amoxicillin/clavulanate potassium

Mr. Zeigler:

We spoke by phone on Fri.
Our insurance co. made mistake
on our first try to get
permit. Really need to
get this so we can continue
to work. You said to
send this attn: to you. and
you would try to get it
put thru quicker.

THANK You in advance for
all your help.
Merry Christmas - Lisa Muir

Visit www.augmentin.com

DATE 9-26-01

PREVENTIVE MAINTENANCE AUDIT

ONE# _____
FILE# _____
DOT# 390825

Registered Owner LISA L. MILLER TRUCKING
Address 17815 OLD LANS LANE MD FROSTBURG MICH. MD 51532
Phone # 301-463-5407

Maryland Registered Vehicles	Trucks	Tractors	Trailers	Buses	Use Veh/Tag and Vin #
	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>INDEXED 27158</u>

TYPE OF AUDIT: (Circle one)
REASON FOR AUDIT: A. Initial B. Compliance C. Suspension
A. Complaint B. Accident C. Owner's Request

- Does the owner have a copy of the Maryland Preventive Maintenance Regulations? P.M. Handbook? Yes No _____
Comments _____
- Does the owner use an acceptable Preventive Maintenance Form?
Yes No _____ Comments USING 84-10
- Does the owner maintain complete Preventive Maintenance records on all vehicles that are owned?
Yes No _____ Comments _____
- Does the owner comply with the Record Retention Requirements?
Yes No _____ Comments RECORDS ARE COMPLETE

TRUCK INSPECTION REPORT NUMBER ON VEHICLES INSPECTED

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL INSPECTIONS 0 TOTAL OUT-OF-SERVICE VEHICLES 0

Course of Action: (Circle one or more)
A. Written Warning B. Citation C. Suspension

INVESTIGATOR/SIGNATURE [Signature] CODE NO. 3110055
RECEIVED BY: SIGNATURE [Signature] TITLE Owner

NOTE TO OWNER: Sign the below certification & return within 30 days. The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with Maryland Preventive Maintenance Program Code of Maryland Regulations Title 11, Sub-Title 22. Whenever the owner of a vehicle fails to comply with the preventive maintenance audit within the time prescribed, a "notice of suspension" of the registration plates shall be issued.

SIGNATURE OF OWNER/AUTHORIZED REPRESENTATIVE	TITLE	DATE

**Pennsylvania Public Utility Commission
Bureau of Transportation & Safety
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-3834 or FAX (717) 787-5961**

Exemption from PUC Cargo Insurance Regulations

This is to advise that Lisa L. Muir / Muir Trucking Co.
(Name of applicant/carrier)

holding PUC authority at Application Docket No. A- 118218, f12 is exempt
(If available)

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, amosite, and similar construction materials.
- The value of any one load being transported will not be more than \$500 in value.

(Signature of 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 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.

Lisa L. Muir _____ 12/20/02
(Signature) (Date)

LISA L. Muir
(Print Name)

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

Handwritten initials/signature

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

MUIR, LISA L.
MUIR TRUCKING COMPANY
17815 OLD DANS ROCK ROAD
FROSTBURG MD 21532

DATE 1/16/2003
RECEIPT # 200583

IN RE: Application fees for MUIR, LISA L.

Docket Number A-00118218F0002..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: US PMO 91167600971 021223 215420

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
JAN 17 2003

SRB