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Before the Pennsylvania Public Utility Commission

**APPLICATION
MOTOR COMMON CARRIER OF PROPERTY**

1. LISA L. Muir
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. Muir TRUCKING COMPANY
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
stamped copy of the registration form.

3. 17815 OLDDANS ROCK RD FROSTBURG MD 21532
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code) ALLEGANY CO. 301 463 5409

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 HOLD INTERSTATE OPERATING
(does or does not)
AUTHORITY AT DOCKET NUMBER 390825

7. APPLICANT Does HAVE A CURRENT SAFETY RATING
(does or does not)

ISSUED BY THE US DOT OR A PUC OR OTHER STATE REGULATORY
AGENCY (ATTACH COPY)

DOCUMENT
FOLDER

SEP 11 2001

ST

A-118218

22

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.

LISA L. Muir Lisa L. Muir 7/20/01
(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.

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.

**MARYLAND MOTOR CARRIER SAFETY PROGRAM
PREVENTIVE MAINTENANCE AUDIT**

DATE 11 21-99

CN# _____
PM# _____
DOT# REC 711985

Registered Owner MAN L. MOIR TRAILOR TRUCKING CO.
Address 17815 Old Dan's Hook Rd. LITTLE ROCK MD. 21432
City _____ County _____ Zip _____
Phone # 410-963-5407

Maryland Registered Vehicles	Trucks	Tractors	Trailers	Buses	One Veh/Tag and Vin #
	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>016ED71 MD</u> <u>11DZ R70W6GUA17805</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 24-18
- 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/S SIGNATURE [Signature] CODE NO. 5110058
 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

EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS

This is to advise that LISA L. MUIR / MUIR TRUCKING COMPANY
(Name of applicant/carrier)
holding PUC authority at Application Docket No. A- 118218
(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.

Lisa L. Muir
(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 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.

Date 7/20/01 Lisa L. Muir
(Signature)

LISA L. MUIR
(Print Name)

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

- 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.

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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

DOCUMENT
FOLDER

DATE 9/18/01
RECEIPT # 198894

DOCKETED
SEP 19 2001

IN RE: Application fees for MUIR, LISA L.

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

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: 4597304221

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)