

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

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2001 AUG 14 AM 9:55

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.

705202

1. NEAL SMITH KIRK
Full Name of Applicant (Individual, Partnership or Corporation)

DOCKETED

2. _____
Trade Name if Any

AUG 14 2001

TZ

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. 318 MANCHESTER RD. CAMP HILL, CUMBERLAND

17011 717-737-3288
Physical Address (Street, City, County and Zip Code) Telephone Number (Required)

4. _____
Mailing Address if Different from Physical Address

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

Attorney's Address

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



A-118151

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

8. Approximate number of commercial vehicles to be operated in Pennsylvania:
Owned 2 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 _____
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.

NEAL SMITH KIRK
(Print Name)
Neal Smith Kirk
(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).



CENTURY II AUTO POLICY DECLARATIONS

These Declarations are a part of the policy named above and identified by policy number below. They supersede any Declarations issued earlier. Your policy provides the coverages and limits shown in the schedule of coverages. They apply to each insured vehicle as indicated. Your policy complies with the motorists' financial responsibility laws of your state only for vehicles for which Property Damage and Bodily Injury Liability coverages are provided.

Policy Number:
58 37 C 771624

Policyholder:
(Named Insured)
NEAL S KIRK
318 MANCHESTER RD
CAMP HILL, PA
17011-6122

Issued:
APR 12, 2001

Policy Period From:

MAY 06, 2001 to NOV 06, 2001 but only if the required premium for this period has been paid, and for six month renewal periods if renewal premiums are paid as required. Each period begins and ends at 12:01 A.M. standard time at the address of the policyholder.

INSURED VEHICLE(S) & SCHEDULE OF COVERAGES

1.	2001 TOYO COROLLA	ID #2T1BR12E01C465589	Six Month Premium
	Coverages	Limits Of Liability	
	COMPREHENSIVE COLLISION	ACTUAL CASH VALUE LESS \$ 250	\$ 28.60
	PROPERTY DAMAGE LIABILITY	ACTUAL CASH VALUE LESS \$ 500	\$ 141.00
	BODILY INJURY LIABILITY	\$ 50,000 EACH OCCURRENCE	\$ 68.30
	UNINSURED MOTORISTS-BODILY INJURY	\$ 100,000 EACH PERSON	
		\$ 300,000 EACH OCCURRENCE	\$ 57.00
	UNDERINSURED MOTORISTS-BODILY INJURY	ENDORSEMENT 2359	
		\$ 15,000 EACH PERSON	
		\$ 30,000 EACH OCCURRENCE	\$ 3.20
	TOWING AND LABOR	ENDORSEMENT 2360	
	FIRST PARTY BENEFITS	\$ 15,000 EACH PERSON	
	OPTION 1-MEDICAL BENEFIT	\$ 30,000 EACH OCCURRENCE	\$ 5.60
	OPTION 3-ACCIDENTAL DEATH BENEFIT	\$ 50 EACH DISABLEMENT	\$ 1.70
	OPTION 4-FUNERAL BENEFIT	\$ 5,000	\$ 10.80
	LIMITED TORT	\$ 10,000	\$ 1.10
		\$ 5,000	\$.40
		TOTAL	\$ 317.70
	LIENHOLDER-ONYX ACCEPTANCE CORP	LIEN EXPIRES ON JAN 30, 2006	

00857 0 *

*3. 3758C.771624



EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS

This is to advise that NEAL SMITH KIRK
(Name of applicant/carrier)

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

Neal Smith Kirk

(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 8-14-01

Neal Smith Kirk
(Signature)

NEAL SMITH KIRK
(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.

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

KIRK, NEAL SMITH
318 MANCHESTER ROAD
CAMP HILL PA 17011

DATE 8/20/01
RECEIPT # 198778

IN RE: Application fees for KIRK, NEAL SMITH

DOCUMENT
FOLDER

Docket Number A-00118151..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: PNCBNA MO 600206

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCKETED

AUG 22 2001