

RECEIVED  
PORTLAND  
DEPT. OF TRANSPORTATION & SAFETY  
JUL 20 PM 9:05

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.

1. Daniel K. Stoltzfus  
Full Name of Applicant (Individual, Partnership or Corporation)

2. Stoltzfus Transport  
Trade Name if Any

The trade name, if fictitious, has not been registered with the  
(Has or has not)

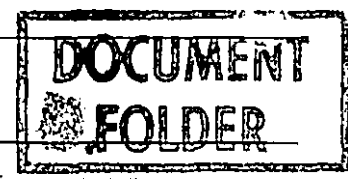
Secretary of the Commonwealth on \_\_\_\_\_ Attach a date  
(Date)  
stamped copy of the registration form.

**DOCKETED**  
AUG 08 2001

3. RR #2, Box 514  
Lewisburg, Union PA 17837 1-570-524-7835  
Physical Address (Street, City, County and Zip Code) Telephone Number (Required)

4. Same  
Mailing Address if Different from Physical Address

5. n/a  
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 \_\_\_\_\_

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)

25  
B, PD - NO  
CAR 60 - NO

A-0011847

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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.)

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(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.

Daniel K Stoltzfus DBA Stoltzfus Transport  
(Print Name)  
  
(Signature) 7/16/01  
(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

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

DOCUMENT

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

FOLDER

DATE 8/13/01  
RECEIPT # 198679

STOLTZFUS, DANIEL K.  
STOLTZFUS TRANSPORT  
RR #2, BOX 514  
LEWISBURG PA 17837

IN RE: Application fees for STOLTZFUS, DANIEL K.

Docket Number A-00118117..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: US PMO 02696874017

CHECK AMOUNT: \$100.00

**DOCKETED**

AUG 15 2001

C. Joseph Meisinger  
(for Department of Revenue)

REP