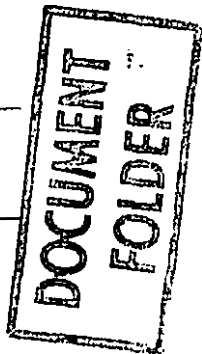


Pennsylvania Public Utility Commission  
Bureau of Transportation & Safety  
PO Box 3265  
Harrisburg, PA 17105-3265  
(717) 787-3834 or FAX (717) 787-5961

RECEIVED  
BUREAU OF  
TRANSPORTATION & SAFETY  
2001 AUG 13 PM 2:05

### 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. Susan Lee Patterson  
Full Name of Applicant (Individual, Partnership or Corporation)

2. N/A  
Trade Name if Any

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

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

3. 246 Old Cabin Hollow Rd.

D. Hobart PA 17019  
Physical Address (Street, City, County and Zip Code) Telephone Number (Required)

4. N/A  
Mailing Address if Different from Physical Address

**DOCKETED**  
AUG 13 2001

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.)

N/A  
Attorney's Address

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

A-00118148

25  
BTD-OK  
CAROL-EXC  
PROP-RC

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 1 Leased 0.

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.

\_\_\_\_\_  
(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).

EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS

This is to advise that Susan Lee Patterson  
(Name of applicant/carrier)

holding PUC authority at Application Docket No. A- 110140  
(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.

Susan Lee Patterson  
(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 8/13/01

Susan Lee Patterson  
(Signature)

Susan Lee Patterson  
(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.

Insurance Identification Card-

PENNSYLVANIA

NAIC: 38628

Name of Insurer:

PROGRESSIVE NORTHERN INSURANCE COMPANY

P.O. Box 5070

Cleveland ,OH 44104

Name of Insured: SUE PATTERSON

Policy Number: 040123440

Effective Date: 08/13/01

YR MAKE

MODEL

1995 FORD

PASS AUTO

VIN

KNJLT05HXS6163710

Report all accidents immediately.  
(24 hours a day, 7 days a week)  
to Progressive:

(1-800-274-4499)

Call us immediately so we can go  
to work for you.

Instructions to the insured in case  
of accident or loss:

1. Obtain full names, addresses, &  
license numbers of all persons  
involved and all witnesses.
2. Do not admit liability or  
discuss the accident with anyone  
except police or company  
representative.

This form does not constitute any  
part of your insurance policy or  
bond.

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

PATTERSON, SUSAN LEE  
246 OLD CABIN HOLLOW ROAD  
DILLBURG PA 17019

DATE 8/21/01  
RECEIPT # 198791

IN RE: Application fees for PATTERSON, SUSAN LEE

Docket Number A-00118148..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: TC 435957  
CHECK AMOUNT: \$100.00

C. Joseph Meisinger  
(for Department of Revenue)

DOCUMENT  
FOLDER

DOCKETED  
AUG 22 2001