

PO Box 3265  
Harrisburg, PA 17105-3265  
(717) 787-3834 or FAX (717) 787-5961

RECEIVED  
BUREAU OF  
TRANSPORTATION & SAFETY  
2001 JUL -2 PM 2:56

## 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. William Wampler  
Full Name of Applicant (Individual, Partnership or Corporation)

2. \_\_\_\_\_  
Trade Name if Any

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

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2001 JUL -2 AM 10:19  
PA P.U.C.  
SECRETARY'S BUREAU

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

3. 109 East Main Street  
Sykesville PA 15865 814-894-5020  
Physical Address (Street, City, County and Zip Code) Telephone Number  
(Required)

*Johnson*

4. \_\_\_\_\_  
Mailing Address if Different from Physical Address

DOCUMENT  
FOLDER

5. \_\_\_\_\_  
AUG 09 2001

**DOCKETED**

*St* *A-118130* *15*

\_\_\_\_\_  
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 number \_\_\_\_\_ (Does or does not)
7. Applicant does not 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 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.

William Wampler

---

(Print Name)

*William Wampler*

6/29/01

(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

COMMERCIAL AUTO INSURANCE POLICY

PLEASE READ YOUR POLICY

POLICY NUMBER CA 0-46-80-132-0

This declaration Page/Amended Declaration page from the policy jacket identified by the form and edition date stated completes the above numbered policy. Previous policy no. Form 1050 Ed. 1194

\*\*\* THIS AMENDED DECLARATION SUPERSEDES PRIOR DECLARATION PAGE EFFECTIVE 05/02/01 \*\*\*

DECLARATIONS  
NAMED INSURED

WILLIAM WAMPLER PAGE 1 OF 3  
109 EAST MAIN ST  
SYKESVILLE PA 15865

ENDORSED EFFECTIVE: MAY 2, 2001  
POLICY TERM: APR 28, 2001 TO APR 28, 2002

A BOWLEY WILLIAM G INS  
G PO BOX 846  
E DUBOIS PA 15801  
T

This policy incept the later of: 1. the time the application for insurance is executed on the first day of the policy period; or 2. 12:01 a.m. on the first day of the policy period. This policy shall expire at 12:01 a.m. on the last day of the policy period.



CA-58007  
PROGRESSIVE NORTHERN INS. CO.  
INQUIRIES: P.O. BOX 5070, CLEVELAND OHIO 44101

The following coverage and limits apply to the described vehicle as shown below. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

SCHEDULE OF COVERAGES AND LIMITS OF LIABILITY

COVERAGES	FULL TERM PREMIUM CHARGES
A SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$1,000,000 EACH OCC \$2292
D COMP OR FTCAC STATED AMT	SEE SCHEDULE OF COVERED VEH FOR DED \$183
E COLLISION OR UPSET-STD AMT	SEE SCHEDULE OF COVERED VEH FOR DED \$523
UNINSURED MOTORIST UNSTACK	\$ 35,000 /PERS. \$ 35,000 /ACC. \$21
UNDERINSURED MTRIST UNSTACK	\$ 35,000 /PERS. \$ 35,000 /ACC. \$26
ADDED FIRST PARTY BENEFITS	\$171
MEDICAL EXPENSE BENEFITS	UP TO \$50,000

LOSS PAYEE01 CHANGED DRIVER 01 CHANGED VEHICLE 01 DELETED

FILING FEES \$25.00  
TOT. CHARGES DUE TO CHANGE \$ .00

ATTACHMENT IDENTIFIED BY FORM NUMBER TOTAL TERM PREMIUM \$3,241.00

1197 (08-93) 1198 (08-93) 2197 (06-95) 2200 (06-95) 6225 (05-96) 8470 (12-86)
L1602 (08-83) 2196 (02-00) 2586 (12-95) 2192 (06-95) 2194 (02-00)

DRIVERS PAGE 2 , COVERED VEH PAGE 3

PUC-N OTH-N

Any loss under Part III is payable as interest may appear to named insured and above loss payee:  
Fin. Resp. Filed: C9 ARO 01141 WAMP For Whom: Case No: 10.0 CAIC511C

Prog Premium Budget: CT  
R/R 1100% Factor Used: 100.00  
F/R 042000 C

Countersigned:

By \_\_\_\_\_  
Authorized Representative

1113 (12-92)

INSURED COPY

CVNE0404001203L111301

COMMERCIAL AUTO INSURANCE POLICY

PLEASE: READ YOUR POLICY

POLICY NUMBER CA 0-46-80-132-0

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Previous policy no. Form 1050 Ed. 1194

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DECLARATIONS

WILLIAM WAMPLER PAGE 2 OF 3  
109 EAST MAIN ST  
SYKESVILLE PA 15865

NAMED INSURED

ENDORSED EFFECTIVE: MAY 2, 2001  
POLICY TERM: APR 28, 2001 TO APR 28, 2002

A BOWLEY WILLIAM G INS  
G PO BOX 846  
E DUBOIS PA 15801  
T

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This policy shall expire at 12:01 a.m. on the last day of the policy period.



CA-58007  
PROGRESSIVE NORTHERN INS. CO.  
INQUIRIES: P.O.BOX 5070, CLEVELAND OHIO 44101

The following coverage and limits apply to the described vehicle as shown below. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

DRIVERS

DVR NO	DRIVER NAME	LICENSE #	DOB	VIOL/ACC				SR22 STA	
				A	B	C	D	MSC	REQ
01-01	WILLIAM WAMPLER	14805610	02/10/49	0	0	0	0	00	N M

\* C00AAFAW 0005109 006 002 \* 000000000000 3001000004788



Any loss under Part ||| is payable as interest may appear to named insured and above loss payee:  
Fin. Resp. Filed: For Whom: Case No:

C9 ARO 01141 WAMP 10.0 CAICS11C

Prog Premium Budget: CT  
R/R 1100% Factor Used: 100.00  
F/R 042000 C

Countersigned:

COMMERCIAL AUTO INSURANCE POLICY

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POLICY NUMBER CA 0-46-80-132-0

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DECLARATIONS  
NAMED INSURED

WILLIAM WAMPLER PAGE 3 OF 3  
109 EAST MAIN ST  
SYKESVILLE PA 15865

ENDORSED EFFECTIVE: MAY 2, 2001  
POLICY TERM: APR 28, 2001 TO APR 28, 2002

A  
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BOWLEY WILLIAM G INS  
PO BOX 846  
DUBOIS PA 15801

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CA-58007  
PROGRESSIVE NORTHERN INS. CO.  
INQUIRIES: P.O. BOX 5070, CLEVELAND OHIO 44101



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SCHEDULE OF COVERED VEHICLES

VEH NO	DR NO	TRADE YR	NAME	BODY TYPE	SERIAL NO	VEH CLS	TER NO	RAD IUS	DSC PCT
1	1	90	INTERNATONAL	DUMP TRUCK	2HTFBX6T7LC040980	H72	49	100	

LIABILITY PREMIUM BY VEHICLE

VEH NO	LIAB	EMB	UM	UIM	FPB
1	\$2,292		\$21	\$26	\$171

PHYSICAL DAMAGE PREMIUM BY VEHICLE

VEH NO	COMP OR TYPE	FT/CAC DED	PREM	COLLISION DED	PREM	ON-HOOK LIMIT	DED	PREM	VEH TOTAL
1	FT/CAC	\$1,000	\$183	\$1,000	\$523				\$3,216

Any loss under Part I is payable as interest may appear to named insured and above loss payee:  
Fin. Resp. Filed: For Whom: Case No:

Prog Premium Budget: CT  
R/R 1100% Factor Used: 100.00  
F/R 042000 C

C9 ARO 01141 WAMP 10.0 CAICSIIC

Countersigned:

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

WAMPLER, WILLIAM  
109 EAST MAIN STREET  
SYKESVILLE PA 15865

DATE 8/13/01  
RECEIPT # 198658

IN RE: Application fees for WAMPLER, WILLIAM

**DOCKETED**

Docket Number A-00118130..... \$100.00

AUG 15 2001

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: PMO 025692

CHECK AMOUNT: \$100.00

C. Joseph Meisinger  
(for Department of Revenue)

DOCUMENT  
FOLDER

REP.