

CAPTION SHEET

CASE MANAGEMENT SYSTEM

1. REPORT DATE: 00/00/00 :
2. BUREAU: SEC :
3. SECTION(S): : 4. PUBLIC MEETING DATE:
5. APPROVED BY: : 00/00/00
DIRECTOR: :
SUPERVISOR: :
6. PERSON IN CHARGE: TRAVITZ : 7. DATE FILED: 10/22/01
8. DOCKET NO: A-00118433 : 9. EFFECTIVE DATE: 00/00/00

PARTY/COMPLAINANT:

RESPONDENT/APPLICANT: SLAKOFF, ARTHUR

COMP/APP COUNTY: MONTGOMERY

UTILITY CODE: 705392

ALLEGATION OR SUBJECT

BEGIN PROPERTY...

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 in value.

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 OCT 22 AM 10: 27

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. Arthur Slakoff
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)

Secretary of the Commonwealth on _____ Attach a date
(Date)

stamped copy of the registration form.

3. _____

4011 Kettle Dr Lafayette Hill PA 19444 610 828 1415
Physical Address (Street, City, County and Zip Code) Margary 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.)

DOCKETED
NOV 09 2001
DOCUMENT A-118433
FOLDER

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)

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.

Arthur Slatoff

(Print Name)

Arthur Slatoff

(Signature) 10/15/11

(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

REP

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

SLAKOFF, ARTHUR
4011 KOTTLE DRIVE
LAFAYETTE HILL PA 19444

DATE 11/14/01
RECEIPT # 199136

IN RE: Application fees for SLAKOFF, ARTHUR

Docket Number A-00118433..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: OC 429149221

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCKETED
FOLDER

DOCKETED
NOV 15 2001