

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 24 AM 11:45

WALKIN
8-21-01

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. CARL ANTHONY NEWBERRY
Full Name of Applicant (Individual, Partnership or Corporation)

2. NONE
Trade Name if Any

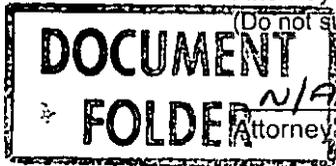
The trade name, if fictitious, N/A been registered with the
(Has or has not)

Secretary of the Commonwealth on N/A. Attach a date
(Date)
stamped copy of the registration form.

3. 413 PLEASANT VIEW RD
HUMMELSTOWN PA 17036 (717) 566 9402
Physical Address (Street, City, County and Zip Code) Telephone Number (Required)

4. AS ABOVE
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.)



N/A
Attorney's Address

6. Applicant DOES NOT hold interstate operating authority at docket
(Does or does not)

DOCKETED

AUG 21 2001

PA PUC Docket NO.
A-00118191

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 N/A
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.

CARL ANTHONY NEWBERRY
(Print Name)


(Signature)

8/24/01
(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).

Insurance Identification Card-
PENNSYLVANIA
NAIC: 38628
Name of Insurer:
PROGRESSIVE NORTHERN INSURANCE COMPANY
P.O. Box 5070
Cleveland, OH 44104

Name of Insured: CARL NEWBERRY
Policy Number: 044653650
Effective Date: 08/24/01

YR MAKE MODEL
1998 DODGE MINI VAN
VIN
2B4FP2537WR514704

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.

PROGRESSIVE*

ACCIDENT INFORMATION CARD
(Give to other driver at scene of accident)

FOR IMMEDIATE ASSISTANCE CALL
1-800-274-4499
24 HOURS-A-DAY, 7 DAYS-A-WEEK

CARL NEWBERRY
413 PLEASANT VIEW RD
HUMMELSTOWN, PA17036

POLICY NUMBER
04465365-0
EFFECTIVE DATE
08-24-01
EXPIRATION DATE
02-24-01
OFFICE ISSUING THIS CARD
CLEVELAND

Applicable with respect to the following Motor Vehicle
YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
1998 DODGE MINI VAN 2B4FP2537WR514704

Detach Here

Handwritten signature

EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS

This is to advise that CARL ANTHONY NEWBERRY
(Name of applicant/carrier)

holding PUC authority at Application Docket No. A- 118191
(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.

[Signature]
(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 8/24/01

[Signature]
(Signature)

CARL ANTHONY NEWBERRY
(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.

*gu T 0
pr*

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

NEWBERRY, CARL ANTHONY
413 PLEASANT VIEW ROAD
HUMMELSTOWN PA 17036

DOCUMENT
FOLDER

DATE 9/12/01
RECEIPT # 198843

IN RE: Application fees for NEWBERRY, CARL ANTHONY

DOCKETED

Docket Number A-00118191..... \$100.00

SEP 13 2001

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: OC 300599329

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

REP