

refiled BLK IN 9-24-02

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 SAFETY  
TRAINING DIVISION  
2001 AUG 31 PM 3:05

### 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. Husband & wife tenants by entirety  
Sheila M. PECKER / Christopher J. Pecker  
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. Franklin  
9151 Circle Dr. Chambersburg, PA 17201 (717) 369-  
Physical Address (Street, City, County and Zip Code) Telephone Number (Required) 2427

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

**DOCUMENT FOLDER**

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.)

Attorney's Address

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

**DOCKETED**

SEP 24 2002

PA PUC Docket NO. A-00118212, F.2

SEP 24 11:11

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 ONE 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.

Sheils M. Recker / Christopher J. Recker 9-24-02  
(Print Name) Sheils M. Recker / Christopher J. Recker  
Sheils M. Recker / Christopher J. Recker 8/31/01  
(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).

EXEMPTION FROM PUC CARGO INSURANCE REGULATIONS

This is to advise that Sheik M. Recker / Christopher J. Recker  
(Name of applicant/carrier)

holding PUC authority at Application Docket No. A- 118212  
(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.

Sheik M. Recker

(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 8/31/01

Sheik M. Recker  
(Signature)

Sheik M. Recker  
(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.

*OK to 2*

# IMPORTANT NOTICE

## REGARDING YOUR FINANCIAL RESPONSIBILITY INSURANCE IDENTIFICATION CARD

State Farm is required by Pennsylvania law to send you an I.D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

If you lose the card, contact State Farm or your Agent for a replacement.

The I.D. card information may be used for the vehicle registration and replacing license plates. If your liability insurance policy is not in effect, the I.D. card is no longer valid.

You are required to maintain financial responsibility on your vehicle. It is against Pennsylvania law to use the I.D. card fraudulently such as using the card as proof of financial responsibility after the insurance policy is terminated.

**KEEP YOUR CURRENT ID CARD UNTIL THE EFFECTIVE DATE OF THIS CARD**

0820 (01j0317d) (01j0310a) **MUTL VOL** **5-C** **SYS PENDS**

## PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER  
25178

State Farm Mutual Automobile Insurance Company

AGENT YONNIE REED 6268-382  
PHONE NO. (717)267-2400



POLICY NUMBER  
3 2641-A22-38E

EFFECTIVE DATE  
JUL 22 2002

EXPIRATION DATE  
JAN 22 2003

RECKER, CHRISTOPHER J &  
SHEILAM  
9654 CIRCLE DR  
CHAMBERSBURG PA 17201-9533

MUTL  
VOL

Office issuing this card  
PENNSYLVANIA OFFICE  
One State Farm Drive  
Concordville, PA 19339

*Marci Thomas*  
Authorized Representative

Applicable with respect to the following Motor Vehicle  
Year Make  
2002 FORD FOCUS

Vehicle Identification Number CAR NO.  
1FAHP36312W197882 003

SEE IMPORTANT MESSAGE ON REVERSE SIDE

038139CJ08278

*ju H. sm*



STATE FARM INSURANCE COMPANIES

State Farm Mutual Automobile Insurance Company

One State Farm Dr  
Concordville PA 19339

552C -6268 A

RECKER, CHRISTOPHER J &  
SHEILAM  
9654 CIRCLE DR  
CHAMBERSBURG PA 17201-9533



AUTO RENEWAL

POLICY NUMBER	3 2641-A22-38E
POLICY PERIOD	JUL 22 2002 to JAN 22 2003
DATE DUE	PLEASE PAY THIS AMOUNT
JUL 22 2002	\$831.26

Your premium has already been adjusted by the following:

Premium Reductions (by vehicle)		
1,2,3	Multiple Line	85.89
1,2,3	Multicar	126.55
3	Antitheft	4.61
2,3	Vehicle Safety	10.60
1,2	Accident Free	50.47

Your premium is based on the following . . . If not correct, contact your agent.

VEHICLE	VEHICLE DESCRIPTION	VEHICLE IDENTIFICATION NUMBER
1	1991 TOYOTA XTRA CAB	JT4RN13P0M6021134
2	1997 GMC SUBURBAN	3GKFK16R8VG513200
3	2002 FORD FOCUS	1FAHP36312W197882

COVERAGES	PREMIUMS			
	Vehicle 1	Vehicle 2	Vehicle 3	
See policy for explanation of coverages.				
A1	Liability/Bodily Injury 100,000/300,000	185.90	69.96	77.45
	Property Damage 100,000	Included	Included	Included
F	Funeral Benefits 2,500	1.56	29.43	43.43
C2	Medical Payments 5,000	35.85	7.92	10.37
D	Comprehensive	60.00	39.60	41.90
G	500 Deductible Collision	96.24	62.92	91.58
H	Emergency Road Service	1.69	1.69	1.69
U	Uninsured Motorist Bodily Injury 15,000/30,000	3.73	3.73	3.73
W	Underinsured Motorist Bodily Injury 5,000/30,000	10.33	10.33	10.33
Y1	Death Indemnity	.85	.51	.68
Total Premium Per Vehicle		\$396.15	\$196.95	\$238.16

Amount Due \$831.26

THIS POLICY PROVIDES LIMITED TORT OPTION.

The laws of the Commonwealth of Pennsylvania, as enacted by the General Assembly, only require that you purchase liability and first-party medical benefit coverages. Any additional coverages or coverages in excess of the limits required by law are provided only at your request as enhancements to basic coverages. The premium for basic liability coverage of \$15,000/30,000/5,000 and medical payments coverage of \$5,000 is \$287.58.

CONVENIENT PAYMENT OPTION: We offer a 50-50 payment plan which divides your premium into two separate payments for a \$2.00 handling charge. To use the plan, submit one half of your premium plus the \$2.00. The balance will be due 60 days after your renewal date. We'll send you a reminder notice.

We also have available a plan to let you pay your premium in monthly installments. For details on this plan and to determine if you qualify, please contact your State Farm agent.

Thanks for letting us serve you...

Agent YONNIE REED  
Telephone (717)267-2400

49 7108 3728

See reverse side for important information.  
Please keep this part for your record.

ENTRY NO.: 0001  
NAME: RECKER, SHEILA CHRISTOPHER J  
ADDRESS1: 9654 CIRCLE DRIVE  
ADDRESS2:  
CITY: CHAMBERSBURG STATE: PA ZIP: 17201  
REPRESENTING: SELF TYPE

ENTRY NO.:  
NAME:  
ADDRESS1:  
ADDRESS2:  
CITY: STATE: ZIP:  
REPRESENTING: TYPE

ENTRY NO.:  
NAME:  
ADDRESS1:  
ADDRESS2:  
CITY: STATE: ZIP:  
REPRESENTING: TYPE

RESPONDENT OR APPLICANT: RECKER, SHEILA M. & CHRISTOPHER J  
PARTY OR COMPLAINANT:  
[CU25] [ ] [A-00118212] [F] [0002] [ ] [ ] PRINT- [ ]  
THIS IS THE LAST RECORD OF THIS CASE NUMBER

RCV | | FORM | | LTAI | | Col 4 | Row 24 | Page 1 | T1

99661692229

09/24/02 88-1055  
1119



TravelersExpressMoneyGram 169222  
INTERNATIONAL MONEY ORDER MONEY ORDER

ISSUING AGENT

PAY TO THE ORDER OF: Commonwealth of PA

IMPORTANT - SEE BACK BEFORE CASHING  
\*\*\* 100 00/100 \*\*\*  
ONE HUNDRED \*\*\*\*  
DOLLARS 00 CENTS  
62294756187561  
2479204267091222

*Sheila M. Recker*  
PURCHASER, SIGNER FOR DRAWER:  
PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS: 9654 Circle Dr.  
Chambersburg PA

PAYABLE THROUGH  
COMPASS BANK  
Dallas, Texas

ISSUER/DRAWER:  
TRAVELERS EXPRESS COMPANY, INC.

11 118212 F2

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

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

RECKER, SHEILA M. & CHRISTOPHER J  
9654 CIRCLE DRIVE  
CHAMBERSBURG PA 17201

DATE 10/3/02  
RECEIPT # 200246

IN RE: Application fees for RECKER, SHEILA M. & CHRISTOPHER J

Docket Number A-00118212F0002..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: TECI MO 9966169222

CHECK AMOUNT: \$100.00

C. Joseph Meisinger  
(for Department of Revenue)

SRB

DOCUMENT  
FOLDER

**DOCKETED**  
OCT 07 2002