

 **SCOPELITIS**

GARVIN LIGHT HANSON & FEARY

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Suite 1400
Indianapolis, IN 46204

The full service transportation law firm

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ANDREW K. LIGHT
alight@scopelitis.com

October 6, 2017

VIA FEDERAL EXPRESS

Pennsylvania Public Utility Commission
Bureau of Transportation and Safety
400 North Street
Harrisburg, PA 17120

RECEIVED

OCT - 6 2017

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Re: Hawk Logistics Solutions LLC
Pennsylvania Intrastate Authority

To Whom It May Concern:

This Firm represents Hawk Logistics Solutions LLC, an interstate motor carrier intending to transport intrastate freight in Pennsylvania. Enclosed for filing are the following documents required to be filed in order to obtain Pennsylvania intrastate motor carrier authority:

1. The original and one copy of the Application for Motor Common Carrier of Property;
2. A copy of the Pennsylvania Department of State approved Foreign Registration Statement; and,
2. A cashier's check in the amount of \$100.00 made payable to Commonwealth of Pennsylvania to cover the required application filing fee.

Indianapolis ■ Chicago ■ Washington, D.C. ■ Los Angeles ■ Chattanooga ■ Detroit
Spokane ■ Dallas/Fort Worth ■ Milwaukee ■ Philadelphia/Mt. Ephraim ■ Tulsa ■ Salt Lake City

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Pennsylvania Public Utility Commission

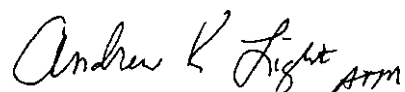
October 6, 2017

Page 2

Please return to me in the enclosed self-addressed, stamped envelope a file-stamped copy of the application as evidence of its receipt. Should you have any questions regarding the application, please feel free to contact my paralegal, Sue Madden, or me at the above telephone number.

Thank you for your prompt attention to processing of the attached Application.

Very truly yours,

A handwritten signature in cursive script that reads "Andrew K. Light" followed by the initials "AKL" in a smaller, more stylized font.

Andrew K. Light

AKL/smm

Enclosures

cc: Mr. Matt Loncar, via e-mail

H:\Users\smadden\WPDOCS\Hawk Logistics Solutions LLC\PA Intrastate Submittal Ltr.docx

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
(717) 772-7777
www.puc.pa.gov

RECEIVED

Revised 6/12/17
OCT - 6 2017

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Hawk Logistics Solutions LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PA PUC Authority?** NO **Previous Authority?** NO

If yes, at PUC No. A- _____

4. **Are you a business entity registered with the PA Department of State?** ___ NO
If No, you must first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number 6604595
(see checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).**

Standard Industries, Inc.

6. **Physical Address** (do not use post office box)

1 Campus Drive

Street Address

Parsippany, NJ 07054

City, State and Zip Code

(973) 531-2783

Telephone Number

Morris

County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

7. **Mailing Address** (if different from Physical Address)

Same as physical address

Street Address

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

8. **Attorney** (if applicable)

Andrew K. Light/(317) 637-1777

Attorney's Name & Telephone Number for this Filing

10 W. Market Street, Suite 1500, Indianapolis IN 46204

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Do you have a USDOT Number?**

No

Yes, at No.

510003

10. **What type of commodities do you intend to transport?**

Building materials, which may include certain hazardous materials.

11. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation 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.

Verification of Application

I/We hereby state that the statement(s) 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.

Randy Bargfrede

(Print Name)



(Signature)

9/28/17

(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, a member (if a limited liability company), or by the President or Secretary (if a corporation).

5. The (a) address of the association's proposed registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) - not both:

(a) _____
Number and street City OR State Zip County

(b) c/o: Corporation Service Company Dauphin
Name of Commercial Registered Office Provider County

6. Check one of the following:

- The association may not have series.
 The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

- The Foreign Registration Statement shall be effective upon filing in the Department of State.
 The Foreign Registration Statement shall be effective on: 09/12/2017 at _____
Date (MM/DD/YYYY) Hour (if any)

8. To be completed by Limited Liability Companies only. Check, and if appropriate complete, one of the following:

The association is a limited liability company which is not organized to render any of the below professional service(s).

The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)

- ___ Chiropractic ___ Dentistry ___ Law ___ Medicine and surgery
___ Optometry ___ Osteopathic medicine and surgery ___ Podiatric medicine ___ Public accounting
___ Psychology ___ Veterinary medicine

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof this 8th day of September, 2017.

Hawk Logistic Solutions LLC
Name of Association

[Signature]
Signature

VP, General Counsel & Secretary
Title

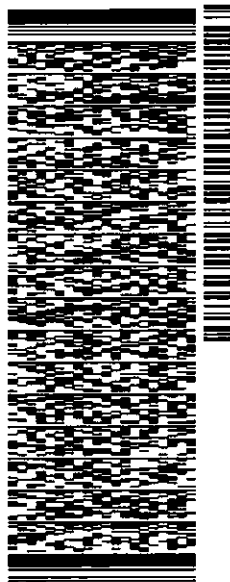
ORIGIN/DGS#A (317) 637-1777
ANNE MESSER
SCOPPELINS, GARRIN, ET AL.
10 W. MARKET STREET
SUITE 1500
INDIANAPOLIS, IN 46204
UNITED STATES US

SHIP DATE: 09OCT17
ACTWGT: 0.25 LB
CAD: 4916128/NET3920
BILL SENDER

TO PENNSYLVANIA PUBLIC UTILITY COMM.
BUREAU OF TRANSPORTATION AND SAFETY
400 NORTH ST

HARRISBURG PA 17120
(717) 787-3834 REF 164425-HAWK
PA DEPT

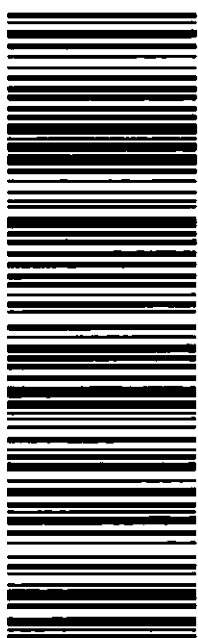
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MON - 09 OCT 10:30A
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SHMDTA
PA-US MDT 17120



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