

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

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MAR 28 2018

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)

Morsten Ayres

- 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)

Ayres Trucking & Son

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?** PA **NO**
If No, you must first register (see checklist)

If Yes, provide your **PA Corporation Bureau Entity ID Number** _____
(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).

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

3161 Bariley Corners Rd
Street Address

TRoy PA 16947
City, State and Zip Code

570 506 3029 Telephone Number
Bradford 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)

3161 Bariley Corners Rd
Street Address

TRoy PA 16947
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)

Ayres Truiling E SON
Attorney's Name & Telephone Number for this Filing

3161 Bariley Corners Rd TRoy PA 16947
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. ~~0879476~~ 0879476

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

Water

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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.

Marsden Ayres
(Print Name)

Marsden Ayres March 28-18
(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, a member (if a limited liability company), or by the President or Secretary (if a corporation).

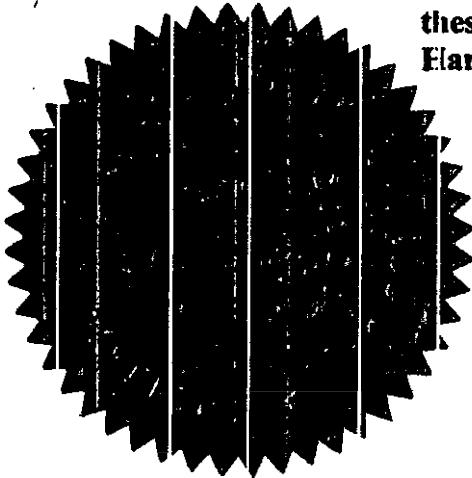
**PENNSYLVANIA
PUBLIC UTILITY COMMISSION**

IN THE MATTER OF : A-8912459

Application of Marsden L. Ayres t/a Ayres Trucking & Son, To transport, as a motor common carrier, property, etc household goods in use, between points in Pennsylvania. A-2010-2188594

The Pennsylvania Public Utility Commission hereby certifies that after an investigation and/or hearing, it has, by and order made and entered, found and determined that the granting of the application is necessary or proper for the accommodation, convenience and safety of the public and hereby issues to the applicant this CERTIFICATE OF PUBLIC CONVENIENCE evidencing the Commission's approval to operate as a motor carrier.

In Witness Whereof, The PENNSYLVANIA PUBLIC UTILITY COMMISSION has caused these presents to be signed and sealed, and duly attested by its Secretary at its office in the city of Harrisburg this 4th day of August, 2010.



Rosemary Chivetta

Secretary

PRESS FIRMLY TO SEAL

8 2015 F



CUSTOMER USE ONLY
FROM: (PLEASE PRINT) *Waves of Time*
3161 Bradley Avenue
Proy PA 16947

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)
 SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available*)
 10:30 AM Delivery Required (additional fee, where available*)
 *Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT) **PHONE:** _____
Secretary PA Public Utility Co.
400 North Street 2nd floor
Hagerstown PA 17120
ZIP + 4 (U.S. ADDRESSES ONLY)
1 7 1 2 0

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
 ■ \$100.00 Insurance Included.

NATIONAL USE



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ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code <i>18832</i>	Scheduled Delivery Date (MM/DD/YY) <i>03/29/18</i>	Postage <i>\$ 24.70</i>	
Date Accepted (MM/DD/YY) <i>03/28/18</i>	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 4:2 NOON	Insurance Fee \$	COD Fee \$
Time Accepted <i>1524</i>	<input type="checkbox"/> 10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight <i>lbs. 2.2</i>	<input checked="" type="checkbox"/> Flat Rate \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees <i>\$ 24.70</i>
	Acceptance Employee Initials <i>KS</i>		

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

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