

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

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Revised 6/12/17

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)

R.C. Walters TRUCKING 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 _____

(see checklist and indicate type of business entity registered)

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

Roger C. Walters
Christina M Walters

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

302 Walters Road
Street Address
Mehoopany PA 18629
City, State and Zip Code
(570) 690-5067 Telephone Number Wyoming 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)

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)

Attorney's Name & Telephone Number for this Filing
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. 3136258

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

Stone, gravel, dirt, Blacktop

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.

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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.

X. Roger C Walters
(Print Name)

X. Roger C Walters
(Signature) 5-15-18
(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).

**KAREN BOBACK, MEMBER
117TH LEGISLATIVE DISTRICT**



COMMITTEES
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2ND AMENDMENT
CANCER
PRAYER
TROOP PA GIRL SCOUT, CHAIRMAN
EARLY CHILDHOOD EDUCATION
MANUFACTURING

HARRISBURG OFFICE:
ROOM 314-C, MAIN CAPITOL BUILDING
P.O. BOX 202117
HARRISBURG, PA 17120-2117
PHONE: (717) 787-1117
FAX: (717) 705-1889

DISTRICT OFFICES:
1108 TWIN STACKS DRIVE
DALLAS, PA 18612
PHONE: (570) 675-6000
FAX: (570) 255-0133

133 WEST TIOGA STREET, SUITE 4
TUNKHANNOCK, PA 18657
PHONE: (570) 836-4777
FAX: (570) 836-4772

House of Representatives

Commonwealth of Pennsylvania
Harrisburg

Email: kboback@pahousegop.com
Web: RepBoback.com
[Facebook.com/RepBoback](https://www.facebook.com/RepBoback)
TOLLFREE: 1(800)278-3930

May 15, 2018

PA Public Utility Commission
North 301 keystone Building
400 North Street
Harrisburg, PA 17120

Dear Carrie:

Enclosed is an Application for Motor Common Carrier of Property along with a money order #3011523 for \$100.00 to cover the fees.

At this time, I would like to respectfully request your assistance in expediting the processing of this application. If there are any further problems with this application, I would very much appreciate it if you would inform my Legislative Office in Harrisburg.

Thanking you in advance for your assistance and consideration, I remain

Sincerely,

KAREN BOBACK, Member
117th Legislative District

KB:lwc
Enclosure
Cc:

District Office – Tunkhannock
Roger Walters

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House of Representatives

COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

KAREN BOBACK, MEMBER

P.O. BOX 202117
HARRISBURG, PA 17120-2117

PA PUBLIC UTILITY COMMISSION
OFFICE OF LEGISLATIVE AFFAIRS
ATTENTION: CARRIE
NORTH ~~302~~, KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PA 17120

Hand Carry

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