



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
COMMONWEALTH KEYSTONE BUILDING  
400 NORTH STREET, HARRISBURG, PA 17120  
December 12, 2019

IN REPLY PLEASE  
REFER TO OUR FILE

A & J HAULING LLC  
4684 STATE ROUTE 982  
LATROBE PA 15650

\* I notified ins. co to send form E within the 20 days, apparently they did after. Thank you

Fine payment \$500.00 Money order. ~~PA~~

In Re: Pennsylvania Public Utility Commission

v.  
A & J HAULING LLC  
Docket No.: C-2019-3013655  
A-8911049

RECEIVED

DEC 27 2019

Amy Herrho Hz  
704-493-1669

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

To Whom It May Concern:

On October 17, 2019, the Bureau of Investigation and Enforcement instituted a Complaint against A & J Hauling LLC, Respondent, alleging failure to maintain evidence of Liability Insurance on file with this Commission, a violation of the Public Utility Code at 66 Pa C.S. §512, 52 Pa. Code §32.2(c), and 52 Pa. Code §32.11(a), §32.12(a) or §32.13(a).

In accordance with 52 Pa. Code §5.61, the Bureau of Investigation and Enforcement notified the Respondent that, unless its insurer files evidence of insurance with this Commission and Respondent pays the proposed fine, Respondent must file an Answer to the Complaint within twenty (20) days of the date of service. The Notice further specified that, if Respondent failed to answer the Complaint within twenty (20) days, the Bureau of Investigation and Enforcement would request the Commission issue an Order that imposes a penalty, which could include a fine, cancellation, or any other remedy.

The Complaint was mailed by certified mail, and on October 28, 2019, the Complaint was delivered for an answer due November 12. To date, more than twenty (20) days later, Respondent has failed to file an Answer to the Complaint. On November 5, 2019, the Respondent's insurer filed evidence of insurance effective on October 7, 2019; however, Respondent has failed to pay the fine.

Therefore, the allegations in the Complaint are admitted and the Complaint is sustained.

Respondent shall pay a fine of five hundred dollars (\$500.00) for failure to maintain evidence of insurance on file with this Commission, 52 Pa. Code §32 within twenty (20) days from the date of this letter. Payment must be by certified check or money order, payable to the Commonwealth of Pennsylvania, 400 North Street, Harrisburg, PA 17120, as provided in the Public Utility Code, 66 Pa. C.S. §§3301 and 3315.

Respondent is hereby notified to cease and desist from further violations of the Public Utility Code, 66 Pa. C.S. §§101, et seq. and the regulations of the Commission, 52 Pa. Code §§1.1, et seq.

Very truly yours,

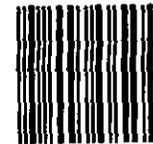
Rosemary Chiavetta  
Secretary

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL



1007



17120

U.S. POSTAGE PAID  
PME 1-Day  
LATROBE, PA  
15640  
DEC 27, 19  
AMOUNT

\$25.50

R2304E106268-02

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WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE ( 724 493-11664

A & J Hauling LLC  
4684 State Route 982  
latrobe pa 15650

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.
  - 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 ( )

Commonwealth of PA  
400 North Street  
Harrisburg Pa

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17120

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
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ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 15650	Scheduled Delivery Date (MM/DD/YY) 12/28/19	Postage \$ 25.50	
Date Accepted (MM/DD/YY) 12/27/19	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted 2:15	<input type="checkbox"/> Flat Rate <input type="checkbox"/> Rate	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight lbs. ozs.	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 25.50	
Acceptance Employee Initials NAY			

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

LABEL 11-B, JANUARY 2014

PSN 7690-02-000-6996

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