

US DOT 1152715
MC 909074-C
PUC A-8917658

APPLICATION CHECKLIST **Motor Common Carrier of Property**

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at www.puc.pa.gov)
- A certified check, money order, or check from your attorney for \$100 made payable to "Commonwealth of Pennsylvania;"
- The Application must clearly state whether you are applying as an individual or sole proprietor, partnership or corporate entity
- IF the application is being filed by a general partnership, you must provide a list of the names and addresses of ALL partners.
- IF the application is being filed by a limited partnership, you must provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF the application is being filed by a limited liability partnership, you must provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF the application is being filed by a limited liability company, you must provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF the application is being filed by a for-profit corporation, you must provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF the application is being filed by a non-profit corporation, you must provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

If you do not e-File your application, mail it and all attachments to:

**SECRETARY PA PUBLIC UTILITY COMMISSION
400 NORTH STREET 2ND FLOOR
HARRISBURG PA 17120**

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

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)

HAWG WILD FENCING 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 PUC Authority?** **Previous Authority?** _____

If YES, at PUC No. A- 8917658

4. **Are you a business entity registered with the PA Dept. of State?** YES

If NO, you must register (see checklist on how to register).

If Yes, provide your PA Corporation Bureau Entity ID Number 473445363
(see checklist and indicate type of business entity registered) 4335786 mm

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

Kenneth H. Duff
Miss A. Duff

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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

2272 Glade Pike
Street Address

Manns Choice Pa 15550
City, State and Zip Code

814 932 4379 Bedford
Telephone Number 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
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. 1152715

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

Farm Equipment Fiberglass Building 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. § 4904 relating to unsworn falsification to authorities.

Kenneth H Dutil (Print Name)

Kenneth H Dutil (Signature) 1-5-20 (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).

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1/9/2020 9:51:30 AM



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CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE ()

Kenneth H. Dutil
2272 Glade Pike
Manna's Choice Pa 15550

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 ()

Secretary Pa. PoE
4100 North St. 2nd Fl.
Harrisburg Pa.
17120

ZIP + 4 (U.S. ADDRESSES ONLY)

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

ORIGIN (POSTAL SERVICE USE ONLY)

<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 15522	Scheduled Delivery Date (MM/DD/YY) 01-09-2020	Postage \$ 23.00	
Date Accepted (MM/DD/YY) 01-08-2020	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted 11:43	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight lbs. ozs.	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 23.00	
<input type="checkbox"/> Flat Rate	Acceptance Employee Initials RE		

DELIVERY (POSTAL SERVICE USE ONLY)

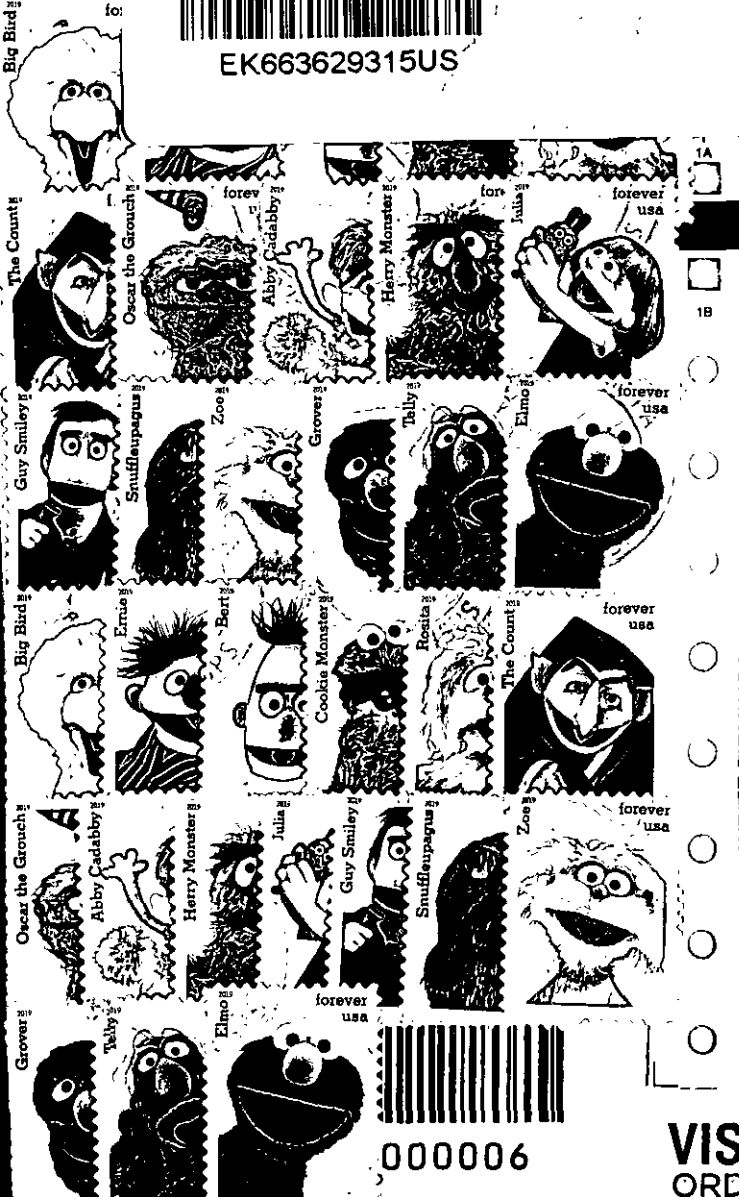
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-B, JANUARY 2014

PSN 7890-02-000-9998

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