



January 31, 2020

Michael L. Swindler, Deputy Chief Prosecutor  
Pennsylvania Public Utility Commission  
Bureau of Investigation and Enforcement  
400 North Street  
Harrisburg, PA 17120

Dear Mr. Swindler,

My name is Vicki Kilgore, I am writing on behalf of 4K Trucking LLC, located at 369 Eighth Street, (P.O. Box 134) Sagamore, PA 16250. I received a letter from the PUC regarding failure to comply with insurance regulations on our vehicle. As of December 3, 2019, we were no longer in operation with the vehicle. We filed the necessary paperwork with FMCSA and reported we have gone out of business. Our DOT number is inactive. On January 21, 2020, we sold the truck. I am including a copy of the form OCE-46 which was signed by a notary and faxed to FMCSA. I am also including a copy of the cancellation form that I mailed to your office. Should you have any other questions, please feel free to contact me at 724-840-4444 or via email at [fourktrucking@yahoo.com](mailto:fourktrucking@yahoo.com). Thank you for your time.

Sincerely,

A handwritten signature in black ink that reads 'Vicki L. Kilgore'.

Vicki L. Kilgore  
Office Manager  
4K Trucking LLC  
724-840-4444

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0018. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



Office of Registration and Safety Information:  
Request for Revocation of Authority Granted

# FORM OCE-46

Docket Number: \_\_\_\_\_ Name of carrier, freight forwarder, or broker making request: 4K Trucking LLC  
Address of requesting carrier: Street: 369 Eighth St. (P.O. Box 134) City: Sagamore  
State/Province: PA Postal Code: 16250

For the reasons stated below, this carrier, freight forwarder, or broker, which is the holder of the above-identified permit(s), certificate(s), or license(s), hereby requests revocation of such registration to the extent specified, in accordance with the provisions of 49 U.S.C. 13905.

Please select authority type (check all that apply):  Common  Contract  Broker

Reason for request of revocation: Out of Business

*It is clearly understood that upon revocation of this registration, operations that are revoked may not be resumed unless this authority is reinstated or other registration has been issued.*

Name of person authorized to submit this request (please type or print):

Vicki L. Kilgore Daytime telephone number: 724-840-4444

Signature of person authorized to submit this request:

Vicki L. Kilgore Date: 1, 13, 20

Note: Signature must be notarized or signed in the presence of a FMCSA staff member.

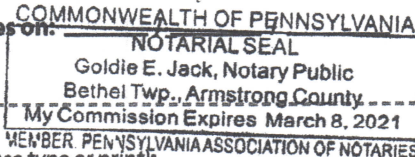


City/County: ARMSTRONG State/Province: PA

Subscribed and sworn to before me this 13<sup>th</sup> day of JANUARY, 2020

Notary Signature: Goldie E. Jack

My commission expires on:



Name/Title of witnessing FMCSA staff member (please type or print): \_\_\_\_\_

FMCSA staff member signature: \_\_\_\_\_ Witnessed on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please return Form OCE-46, Request for Revocation of Authority Granted, to:

**Federal Motor Carrier Safety Administration  
Office of Registration and Safety Information**

460 Industrial Blvd.

London, KY 40741

The original form must be submitted. Faxed, E-mailed, or photocopied forms will not be accepted. The attached Form OCE-46, Request for Revocation of Authority Granted, must be completed in its entirety (docket number/MC, complete name and address of the carrier, and *authorized signature*) and notarized, in order that FMCSA may process your request. All questions should be directed to the Office of Registration and Safety Information at (800) 832-5660.

PROPERTY

PENNSYLVANIA PUBLIC UTILITY COMMISSION  
MOTOR CARRIER SERVICES AND ENFORCEMENT

To Whom It May Concern:


In accordance with the final decision at P-00940884, Regulation of Motor Common Carriers of Property, adopted December 15, 1994 and entered December 20, 1994:

I hereby request that my Certificate of Public Convenience issued at A- 8921227, be canceled, and that all rights, powers and privileges conveyed thereby cease and terminate.

I understand that my request and subsequent cancelation of the certificate will require the refiling of an application and payment of a filing fee should I decide to again initiate common carrier service.

4K Trucking LLC  
CARRIER NAME

369 Eighth St. P.O. Box 134 Sagamore, PA 16250  
CARRIER ADDRESS

  
AUTHORIZED SIGNATURE

Alan J. Kilgore      Owner      1-29-20  
PRINT NAME                      TITLE                      DATE

PLEASE RETURN TO:

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU  
400 NORTH STREET 2<sup>ND</sup> FLOOR  
HARRISBURG PA 17120