

A-2014-2417999

Original report was sent to SEC to process name change. *Casse*

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION
PO BOX 3265
HARRISBURG, PA 17105-3265

Formerly

REC'D PA PUC FISCAL
MAR 2 2014 PM 3:25

2019 ASSESSMENT REPORT-MOTOR CARRIERS

This Report **MUST BE FILED** no later than **March 31, 2020**. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301), revocation of your Certificate of Public Convenience, and PennDOT will place registration suspensions on your vehicles.

TRADE OR CORPORATE NAME OF UTILITY: BRACALENTE TRUCKING LLC <i>Construction, Inc.</i>	UTILITY CODE: 8916497
CONTACT NAME: KIRK BRACALENTE	EMAIL: <i>info@bcipaving.com</i>
ADDRESS 1: 700 SAVAGE ROAD	ADDRESS 2 (Floor, Suite, etc.): SUITE 15
CITY, STATE, ZIP: NORTHAMPTON PA 18067	PHONE NO.: 610.261.1696

OPERATING REVENUE FOR CALENDAR YEAR 2019 (January 1, 2019-December 31, 2019)
(Enter **WHOLE** dollars only)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Passenger 15 and Under
1. PA INTRASTATE OPERATING REVENUE	<i>3821096.58</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PA EXEMPT INTRASTATE REVENUE				
Exemption # <i>4. waste, exc. & rd const materials</i>				
Exemption # <i>5. Transportation of property</i>				
Exemption #				
2. TOTAL Exempt Revenue				
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	<i>0</i>			

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PA PUC
SECRETARY'S BUREAU

UCR REGISTRATION INFORMATION

2020 UCR Registered YES NO

US DOT #: *2447431*

Internal Use Only

A-1 C-1 AB-1

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

In accordance with Sections 505 and 506 of the Public Utility Code, to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled regarding the below-listed utility and/or individual.

Bracalente Construction Inc.
Utility Name

[Signature]
Signature

Date 2/25/20

Kirk Bracalente
Name (Printed)

President
Title

AUTHORIZATION FOR ABANDONMENT

Approval of the abandonment is necessary or proper for the following reasons:

Reason(s) _____

Signature

AFFIDAVIT

I affirm that the information reported herein is complete, true and correct.

(Signature of Individual or Officer)

(Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

TELEPHONE NO.:

Office ()

Other ()

Other ()

NOTARIZATION

(Required)

Subscribed and sworn to before me this

_____ day of _____ 2020

NOTARY SIGNATURE

OFFICIAL TITLE

OFFICIAL SEAL

(Date My Commission Expires)