

## 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)

BDP LIGHTING & INSTALLATIONS INC

- 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** 571954  
(see checklist and indicate type of business entity registered)

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

MELODY PFAFF

5745 MEETINGHOUSE RD

PLUMSTEADVILLE, PA 18949

6. **Mailing Address**

PO BOX 146

Street Address

PLUMSTEADVILLE, PA 18949

City, State and Zip Code

BUCKS

County

215-766-0317

Telephone Number

bdpinc@verizon.net

E-mail Address

*This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.*

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

5745 MEETINGHOUSE RD

Street Address

PLUMSTEADVILLE, PA 18949

City, State and Zip Code

BUCKS

County

215-806-4102

Telephone Number

bdpinc@verizon.net

E-mail Address

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. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

\_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing

\_\_\_\_\_  
Attorney's Address

\_\_\_\_\_  
E-mail 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

  X   Yes, at No. 2422304

10. **What type of commodities do you intend to transport other than your own?**

GENERAL FREIGHT, METALS, LUMBER, BUILDING MATERIALS

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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. Section 4904 relating to unsworn falsification to authorities.

MELODY PFAFF

(Print Name)

*Melody Pfaff*

(Signature)

1/20/2021

(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).

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

**Articles of Incorporation-For Profit**

(15 Pa.C.S.)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Business-stock (§ 1306) | <input type="checkbox"/> Management (§ 2703)   |
| <input type="checkbox"/> Business-nonstock (§ 2102)         | <input type="checkbox"/> Professional (§ 2903) |
| <input type="checkbox"/> Business-statutory close (§ 2303)  | <input type="checkbox"/> Insurance (§ 3101)    |
| <input type="checkbox"/> Cooperative (§ 7102)               |  |

Name BDP LIGHTING & INSTALLATIONS INC		
Address 5745 MEETINGHOUSE ROAD, PO BOX 146		
City PLUMSTEADVILLE	State PA	Zip Code 18949

Document will be returned to the name and address you enter to the left.



Fee: \$125

In compliance with the requirements of the applicable provisions (relating to corporations and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

1. The name of the corporation (*corporate designator required, i.e., "corporation", "incorporated", "limited" "company" or any abbreviation. "Professional corporation" or "P.C."*):

**BDP LIGHTING & INSTALLATIONS INC**

2. The (a) address of this corporation's current registered office in this Commonwealth (*post office box, alone, is not acceptable*) or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
5745 MEETINGHOUSE RD, PO BOX 146, PLUMSTEADVILLE, PA			18949	BUCKS

(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_

c/o: \_\_\_\_\_

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of shares authorized: 1000

PA DEPT. OF STATE  
JAN 11 2005



Commonwealth of Pennsylvania  
ARTICLES OF INCORPORATION 3 Page(s)

RECEIVED TIME JAN. 11. 5:01PM

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DSCB:15-1306,2102/2303/2702/2903/3101/7102A-2

5. The name and address, including number and street, if any, of each incorporator (all incorporators must sign below):

Name	Address
<u>PHILIP J. McHENRY 807 N. EASTON ROAD, WILLOW GROVE, PA 19090</u>	
_____	

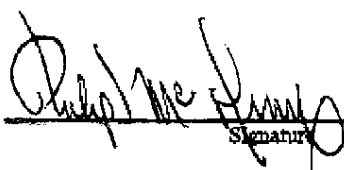
6. The specified effective date, if any: \_\_\_\_\_  
 month/day/year hour, if any

7. Additional provisions of the articles, if any, attach an 8 1/2 by 11 sheet.

8. *Statutory close corporation only:* Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. 77a et seq.)

9. *Cooperative corporations only: Complete and strike out inapplicable term:*  
 The common bond of membership among its members/shareholders is: \_\_\_\_\_

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation this \_\_\_\_\_<sup>th</sup> day of JANUARY, 2006.

  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

RECEIVED TIME JAN. 11. 5:01PM

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Issued EIN

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**Internal Revenue Service**  
DEPARTMENT OF THE TREASURY

The  
Digital  
Daily

|||

**Federal Tax ID / EIN**

This is your provisional Employer Identification Number:

**20-4052056**

Today's Date is: January 06, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days. The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#) [Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

