

RECEIVED

FEB 23 2021

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

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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)**

D.A. Strine L.L.C.

- 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)**

D.A. Strine, L.L.C.

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
(see checklist and indicate type of business entity registered)

~~US DOT #~~
~~2998286~~
6480099 (one)
~~EIN # 81-4485456~~

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

Douglas A. Strine

6. Mailing Address

42 FORRYS COURT
Street Address
Lewisberry PA 17339 York
City, State and Zip Code County
717-887-9195 DOUGLASSTRINE@gmail.com
Telephone Number 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.)

Street Address

City, State and Zip Code County

Telephone Number E-mail Address 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. 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 Yes, at No. 2998286

RECEIVED

FEB 23 2021

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

Dirt, Sand, + Stone

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.

DOUGLAS A. STRINE

(Print Name)

[Handwritten Signature]

(Signature)

10-26-20

(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).

United States Department of Transportation

FMCSA

Federal Motor Carrier Safety Administration

Payment Info

**Thank you for submitting
your application.**

**Your entity has been
assigned USDOT Number
2998286.**

What's Next:

- Your application is being reviewed for statutory and regulatory compliance.
- You will receive a

RECEIVED

FEB 23 2021

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

100%

LOGOUT

MENU

STATUS

SAVE

REPORT

UPLOAD FILE

PREVIOUS

NEXT

WITHDRAW APP

PRINT

HELP

Entity# : 6480099
Date Filed : 11/28/2016
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:
PROFACE BUSINESS SERVICES, INC.
Name
820 VOGELSONG ROAD
Address
YORK, PA 17404
City State Zip Code
 Return document by email to: wes@profaceinc.com

Certificate of Organization
Domestic Limited Liability Company

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

TML161128MC1007

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov>.

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):
D.A. STRINE, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:
(Complete (a) or (b) – not both)

(a) Number and Street	City	State	Zip	County
6580 CARLISLE ROAD	DOVER	PA	17315	YORK COUNTY

(b) Name of Commercial Registered Office Provider _____ County _____
c/o: _____

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
DOUGLAS A. STRINE	6580 CARLISLE ROAD / DOVER, PA 17315

PA DEPT. OF STATE

NOV 28 2016

4. *Strike out if inapplicable term*

A member's interest in the company is to be evidenced by a certificate of membership interest.

5. *Strike out if inapplicable:*

Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: 11/22/2016

(MM/DD/YYYY and hour, if any)

7. *Strike out if inapplicable:* The company is a restricted professional company organized to render the following restricted professional service(s):

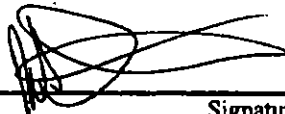
~~_____

_____~~

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this

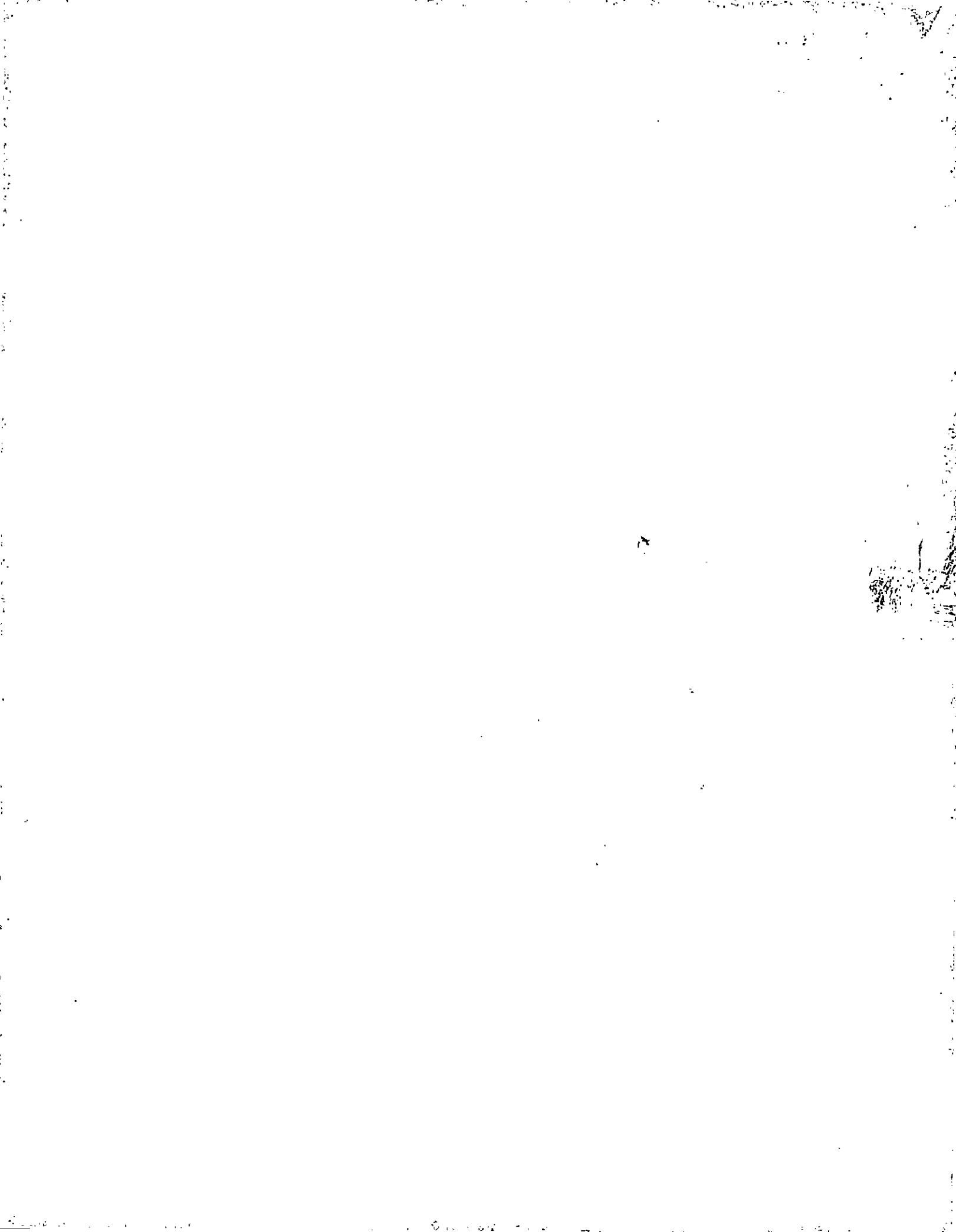
22nd day of November, 2016



Signature

Signature

Signature



Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A

0509905326

Your Telephone Number Best Time to Call

717-882-9195

Anytime

DATE OF THIS NOTICE: 11-28-2016

EMPLOYER IDENTIFICATION NUMBER: 81-4485456

FORM: SS-4

NOBOD

INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023



D A STRINE LLC
DOUGLAS A STRINE SOLE MBR
6580 CARLISLE RD
DOVER PA 17315

Doug Stribe
42 Ferry's Ct.
Lewisberry PA. 17339

ADDITIONAL POSTAGE - USA



C 175903 16 11 17 '16

FOREVER



Secretary PA. Public Utility Commission

400 North St. 2nd Floor

Harrisburg PA. 17120

RECEIVED

FEB 23 2021

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU